

Introduction

The Hospital Based Home Care (HBHC) software package includes data entry/editing capabilities, electronic record transmission to Austin using MailMan, and report generation.

The software package was developed to allow local entry and verification of HBHC related patient data and phase out the centralized data entry of all HBHC data by Austin. The "local" database structure gives the HBHC Program greater accountability for the integrity of their data, thus eliminating the manual correction cycle required to resolve a data entry error at Austin.

Each site will transmit complete records of HBHC patient information to Austin for processing. Austin will continue to generate the same HBHC quarterly reports; only the source of data will have changed.

Having their database online locally provides report generation capabilities not currently available to the HBHC Programs. The quality of care should improve due to more timely patient information.

Additional HBHC software package documentation may be found in the following manuals: HBHC Installation Guide, HBHC Technical Manual, and HBHC Package Security Guide.

Orientation

This software package uses the mandated VA FileMan conventions which are explained in separate publications of the San Francisco ISC, **USER's GUIDE TO COMPUTING**, and the **VA FILEMAN USER MANUAL**. For further assistance, contact your local ISC.

Package Conventions

Convention	Represents
=====	<
RET>	press return or enter key

bolded text	user's response to a prompt.

^	used for exiting an option or prompt

Package Management

There are no known legal requirements associated with the HBHC software package.

File access and security key information is included in the HBHC Package Security Guide. Additional information is provided in the HBHC Technical Manual.

Application Coordinator Definition

The term "Application Coordinator" as used in connection with the HBHC software package is somewhat different from the standard usage. The HBHC Program is not a "service". It is a "program" that functions much like a service.

Each HBHC Program has a Program Director, who performs all administrative duties related to the HBHC Program. It is recommended the Program Director should select the person who is to assume the application coordinator responsibilities for the HBHC software package.

All references to application coordinator contained within the documentation are meant to indicate the person designated by the HBHC Program Director.

Package Operation

The HBHC software package is designed to be user friendly and simple to use. Online help is available for all fields and options, and may be accessed by entering one to three question marks ("??") at any field or select option prompt.

There are many tasks being performed "behind the scenes" to make interaction with the software package simple and easy. Some data entry examples:

- Patient demographic information from the MAS Patient file is displayed as default values for evaluation data fields
- Duplicate data entry of some visit information has been eliminated by automatic visit file updating
- Data fields only accept valid responses (e.g., codes 1 thru 3, and 9 are valid, other answers are rejected)
- Admission data is displayed as default values for corresponding discharge data fields
- Informational messages are included to guide the user

The following pages should provide the user with all information necessary to competently and comfortably operate the HBHC software package.

Package Startup

Steps 1 thru 5 are performed at the time of package installation and are included for reference only.

Step 1

The HBHC Application Coordinator completes a list of all clinics used for HBHC visits. The clinic worksheet located in the Installation Guide is used.

Step 2

The Application Coordinator will complete a list of the States that their Hospital Based Home Care program services. This list should then be submitted to the IRM so that they may populate the HBHC Valid State file.

Step 3

The Application Coordinator determines the value for the Package Startup Date system parameter field.

Note: The Package Startup Date parameter is IMPORTANT.
Once entered, this date CANNOT be changed.

The Package Startup Date is the "changeover" date for switching from paper visit logs being mailed, to "electronic transmission" of visit records to Austin. This is an either/or situation. Paper visit logs should not be mailed for data entry by Austin, if electronic transmission, of the same visit records, is to occur. This would duplicate the visit workload at Austin, since Austin has no duplicate record check available for visit information.

Admission and Discharge records do not use the Package Startup Date parameter. All evaluation/admission (and eventually discharge) records entered in the HBHC database will be transmitted to Austin. Austin checks for duplicate admission/discharge records. The initial transmission to Austin by each site will result in many admission records being rejected as duplicate, because there will already be a previous entry by using paper admission forms. This works as intended, with the Austin rejections expected.

Package Startup (continued)

Step 4

The Application Coordinator determines the value to be entered for the Number of Visit Days to Scan system parameter field.

The Number of Visit Days to Scan parameter controls the number of days processed and automatically written to the HBHC Visit file by the Make Appointment option. This field may be edited as needed by the Application Coordinator.

The smallest number of days that will be workable for HBHC data entry procedures is entered. (e.g., If visit data is entered primarily on a daily basis, 7 is entered. Thirty-five is entered if visit data is only updated monthly.)

This parameter also determines the date range of visits that are displayed for selection by the Visit Data Entry option. (See HBHC Information System Menu section for menu illustration.)

Step 5

The following files are populated using options located on the HBHC Manager Menu:

- Team File Data Entry option

Data should be entered into this file first, since the HBHC Provider file references it. This file contains 1 field, Team Name.

- Provider File Data Entry option

This file contains the following fields: Provider Number (this is the HBHC provider number), Provider Name, Degree, Grade/Step, FTEE on HBHC, and HBHC Team.

Once the Provider file is complete, run the HBHC Provider File Report option to check for data entry accuracy.

Package Startup (continued)

- Clinic File Data Entry

This file contains 1 field, Clinic Name. These clinics must exist in the Hospital Location file. All HBHC clinics listed on the clinic worksheet should be included.

- The package is now ready for use.

Step 6

Getting Started, Data Entry Overview

This step is intended as an overview ONLY. Please read the detailed instructions before using the options for data entry. (See table of contents for specific option page numbers.)

- Use the Evaluation/Admission Data Entry option to enter all active (currently admitted, but not discharged) patients into the HBHC database.
- The Make Appointment [HBHC APPOINTMENT] option mimics the MAS Make Appointment [SDM] option. All sites enter visit data using the MAS Make Appointment [SDM] option to receive workload credit. The HBHC APPOINTMENT option operates identically to the MAS option, with an additional capability added to update the HBHC Visit file. Patient name, appointment date/time, and clinic name are automatically entered in the HBHC Visit file.

Use the Make Appointment [HBHC APPOINTMENT] option to enter visits NOT previously entered via the MAS [SDM] option. All visits included must have dates AFTER the Package Startup Date system parameter date.

- The Visit Data Entry option is used to complete the visit information. The option prompts for provider, type of visit, and comments.
- Please refer to individual option sections, including sample session examples, for detailed information on operation of all software package options.

HBHC Information System Menu

This is the main software package menu and contains all HBHC Information system options. All HBHC users may be assigned this menu. The Reports Menu can be assigned by itself, if printed reports are the only capabilities of the software package needed by a user.

HBHC Information System Menu

Make Appointment
 Cancel Appointment
 Evaluation/Admission Data Entry
 Visit Data Entry
 Discharge Data Entry
 Reports Menu ...
 Transmission Menu ... Locked: HBHC TRANSMIT
 Manager Menu ... Locked: HBHC MANAGER

Reports Menu ...

Evaluation/Admission Data Report by Patient (80)
 Patient Visit Data Report (80)
 Discharge Data Report by Patient (80)
 Episode of Care/Length of Stay Report (80)
 Program Census Report (80)
 Team Census Report (80)
 Case Manager Census Report (132)
 Provider Census Report (132)
 Admissions/Discharges by Date Range Report (132)
 Visit Data by Date Range Report (80)
 QA Indicator Report (80)

Transmission Menu ...

Build/Verify Transmission File
 Form Errors Report (80)
 Edit Form Errors Data
 Transmit File to Austin

Manager Menu ...

System Parameters Edit
 Provider File Data Entry
 Clinic File Data Entry
 Team File Data Entry
 HBHC Provider File Report (132)
 Re-Transmit File to Austin

HBHC Information System Menu (continued)

Transmission and Manager menu access is controlled by the HBHC TRANSMIT and HBHC MANAGER security keys respectively. Only users responsible for data transmission to Austin and the Application Coordinator should hold the HBHC TRANSMIT security key. The HBHC MANAGER security key should only be needed by the Application Coordinator.

Online help is available for all fields and options and may be accessed by entering 1 to 3 question marks ("?", "?", "??") at any field or select option prompt.

The function and usage of each menu option is described in detail, including sample data entry sessions and reports, on the following pages. (See table of contents for specific option page numbers.)

Make Appointment Option

This option mimics the MAS Make Appointment [SDM] option. The only difference between the Make Appointment [HBHC APPOINTMENT] option and MAS's SDM option is an exit action that occurs upon exit from the HBHC APPOINTMENT option. The exit action program updates the HBHC Visit file with patient name, appointment date/time, and clinic name information entered via the Make Appointment option. This eliminates duplicate data entry, since all hospitals must enter their appointment data using the MAS central scheduling options to obtain workload credit.

It is important that the HBHC APPOINTMENT option be used instead of the SDM option for entering appointment information, if the user has both options available within their menu structure. The automatic visit file updating performed by this option is the only method available for adding patients to the HBHC Visit file. LAYGO (Learn As You GO) is not allowed.

Only appointment data from clinics included in the HBHC Clinic file will be added to the HBHC Visit file.

The "Number of Visit Days to Scan" system parameter value controls the date range of visits processed for addition to the HBHC Visit file. (e.g., If the parameter is set to 7, the previous 7 days worth of data is added.) This system parameter is a number between 7 and 365. It may be changed as needed by the Application Coordinator, using the "System Parameters Edit" option located on the Manager Menu.

A sample data entry session follows.

Make Appointment Option Sample Session

Select HBHC Information System Menu Option: **Make Appointment**

```
Select CLINIC:  HBHC SOCIAL WORK
Select PATIENT NAME:  BLUE,ANN      1-10-25      999999999  NSC VETERAN
APPOINTMENT TYPE: REGULAR//  <RET>
DISPLAY PENDING APPOINTMENTS: NO//  <RET>
      PATIENT NOT ENROLLED IN CLINIC!
      WANT TO ENROLL HER IN HBHC SOCIAL WORK?  <RET>
WANT TO SCHEDULE PATIENT FOR CONSULT?  Y  (YES)
DISPLAY CLINIC AVAILABILITY STARTING WHEN:  <RET>
15 MINUTE APPOINTMENTS
DATE/TIME:  01/15/93@1000  (JAN 15, 1993@10:00)
      15 MINUTE APPOINTMENT MADE
WANT PATIENT NOTIFIED OF LAB,X-RAY, OR EKG STOPS? NO//  <RET>
      OTHER INFO:  <RET>
```

Select CLINIC: <RET>

Adding entries to the visit file...
...SORRY, JUST A MOMENT PLEASE...

The "Adding entries" and "SORRY," messages above are displayed while the software package is updating the visit file. The time needed to update the visit file varies with the amount of data being processed. Please be patient, this may take a few moments.

Cancel Appointment Option

This option mimics the MAS Cancel Appointment [SD CANCEL APPOINTMENT] option. The only difference between the Cancel Appointment [HBHC CANCEL APPOINTMENT] option and MAS's SD CANCEL APPOINTMENT option is an exit action that occurs upon exit from the HBHC CANCEL APPOINTMENT option. The exit action runs a program that updates the HBHC Visit file with appointment status (e.g., cancellation, no-show, etc.; hereafter referred to as cancellation) information entered via the Cancel Appointment option. This eliminates duplicate data entry, and keeps workload data accurate, since all hospitals must use the MAS central scheduling options to report workload.

It is important that the HBHC CANCEL APPOINTMENT option be used instead of the SD CANCEL APPOINTMENT option for entering cancellation information, if the user has both options available within their menu structure. The automatic visit file updating performed by the exit action on this option is the only method available for cancellation of appointments within the HBHC Visit file.

Should the user erroneously enter appointment cancellation data via the MAS SD CANCEL APPOINTMENT option, all is not lost. Simply select the Cancel Appointment [HBHC CANCEL APPOINTMENT] option, enter <RET> or ^ at the Select PATIENT NAME: prompt. The "Updating entries in the visit file" and "...HMMM, LET ME PUT YOU ON "HOLD" FOR A SECOND..." messages displayed indicate the exit action program is updating the HBHC Visit file.

The date range of appointment cancellation data updated in the HBHC Visit file is controlled by the "Number of Visit Days to Scan" system parameter. (e.g., If parameter is set to 7, previous 7 days worth of data is updated.) This system parameter is a number between 7 and 365. The Application Coordinator can use the System Parameters Edit option on the Manager Menu to change this parameter as needed.

A sample data entry session follows.

Package Operation

Cancel Appointment Option Sample Session

Select HBHC Information System Menu Option: **Cancel Appointment**

Select PATIENT NAME: **BLUE,ANN** 1-10-25 999999999 NSC VETERAN

DO YOU WANT TO CANCEL (P)AST OR (F)UTURE APPOINTMENTS? F// **P**

APPOINTMENTS CANCELLED BY (P)ATIENT OR BY (C)LINIC? P// **<RET>**

Select CANCELLATION REASONS NAME: **OTHER**

CANCELLATION REMARKS: **<RET>**

READY TO CANCEL PREVIOUS APPTS

DISPLAY APPTS STARTING WITH DATE: FIRST// **1/15/93**

(1) JAN 15, 1993 10:00 AM (15 MINUTES) HBHC SOCIAL WORK

SELECT APPOINTMENTS TO BE CANCELLED: **1**

1 Appointment cancelled

DO YOU WISH TO REBOOK ANY APPOINTMENT(S) THAT YOU HAVE CANCELLED? NO// **YES**

PLEASE NOTE THAT YOU MUST ENTER A DEVICE TO AUTO-REBOOK

DEVICE TO OUTPUT REBOOKED APPT(S). :HOME// **<RET>**

(1) JAN 15, 1993 10:00 AM (15 MINUTES) HBHC SOCIAL WORK
Max days for rebooking= 30

SELECT APPOINTMENT(S) TO BE REBOOKED: **1**

IN TEST CLINIC

START REBOOKING FROM WHAT DATE: FEB 15, 1993// **<RET>**

CANCELLED AND AUTO-REBOOKED REPORT JAN 15, 1993

FOR: BLUE,ANN

SSN: 999999999

CANCELLED BY: LOTTA,JOHN

CLINIC
=====

CANCELLED APPT.
=====

NEW DATE
=====

HBHC SOCIAL WORK

JAN 15, 1993 at 10:00 AM

FEB 17, 1993 at 10:00 AM

Cancel Appointment Option Sample Session (continued)

1 Appointment rebooked

DO YOU WISH TO PRINT LETTERS FOR THE CANCELLED APPOINTMENT(S)? NO// **<RET>**

Select PATIENT NAME: **<RET>**

Updating entries in the visit file...

...HMMM, LET ME PUT YOU ON "HOLD" FOR A SECOND...

The "Updating entries" and "HMMM," messages above are displayed while the software package is updating the visit file. The time needed to update the visit file varies with the amount of data being processed. Please be patient, this may take a few moments.

Evaluation/Admission Data Entry Option

This option is used for entering/editing all evaluation/admission data (also known as Form 3; hereafter called admission) in the HBHC PATIENT File.

The patient selected for addition to the HBHC PATIENT File must exist in the MAS PATIENT File. LAYGO is not allowed on the MAS PATIENT File.

A "complete" episode of care consists of both an admission and a discharge, with each episode being a separate HBHC Patient file record. A patient can have more than one episode of care record. The software package will NOT allow the creation of an additional episode of care until the patient has been discharged from the previous episode.

A complete episode of care record should ONLY be edited if data correction is needed. Selection of an existing record is inappropriate if the user's intention is to create an additional episode of care. The "****" Record contains Discharge data indicating a Complete Episode of Care "****" message is displayed to remind the user the record may have been selected in error.

To create another episode of care for the same patient requires using the FileMan convention of enclosing the patient's name in double quotes at the Select HBHC PATIENT NAME: prompt (e.g., "last name,first name"). This informs FileMan that you wish to create another record in the HBHC PATIENT File for the same patient.

Patient demographic information is pulled from the MAS PATIENT File whenever possible to simplify data entry. The patient's Birth Year, Sex, and Race are required fields in the MAS PATIENT File. If this data is incorrect, MAS needs to be contacted for correction. It cannot be edited by HBHC personnel.

State Code, County Code, ZIP Code, Eligibility @ Evaluation, Period of Service, and Marital Status @ Evaluation information from the MAS Patient file is displayed as a default field value. Simply press <RET> if the default is valid, or type in the correct field information.

Evaluation/Admission Data Entry Option (continued)

The user may ^ exit from the data entry process and return to the menu at any field prompt. Field jumping is disallowed due to branching logic contained within the data entry process. (e.g., If "Reject from HBHC (2)" is entered at the "Admit/Reject Action" prompt, the admission data fields are bypassed or branched around and no prompts for those fields are displayed.)

A sample data entry session follows.

Evaluation/Admission Data Entry Option Sample SessionSelect HBHC Information System Menu Option: **Evaluation/Admission Data Entry**

Step Prompt:	If User Answers With...	Proceed to Step
=====		
1 Select HBHC PATIENT NAME:	- "new" HBHC patient name	2
	- "new" last 4 digits of patient SSN	2
	- "new" first character of patient last name and last 4 digits of patient SSN	2
	- "current" HBHC patient name	4
	- "current" last 4 digits of patient SSN	4
	- "current" first character of patient last name and last 4 digits of patient SSN	4
	- ^ or <RET>	Done

Note: Eventually, after the software package has been used for a while, the need to add additional episode of care records for a patient will arise. To create another episode of care requires using the FileMan convention of enclosing the patient's name in double quotes at the Select PATIENT NAME: prompt (e.g., "lastname,firstname"). The double quotes inform FileMan that you wish to create another record in the HBHC Patient file for the same patient.

2 ARE YOU ADDING "PATIENT,BRAND NEW", AS A NEW HBHC PATIENT (THE nnTH)?		
	- Y(es)	3
	- N(o)	1
	- ^ or <RET>	1

3 HBHC PATIENT EVALUATION DATE:		
	- any valid date between 1/1/1977 and current date	4

Evaluation Date must be prior to or same as HBHC Admission Date.

4 ***	Record contains Discharge data indicating a Complete Episode of Care	***

This message is displayed if Discharge data has been entered for this episode of care. The message is a reminder the record is considered to be complete and may have been selected in error. This record should only be edited if correction of existing data is needed. Selection of this record is inappropriate if the user's intention is to create an additional episode of care. The user proceeds to step 5 or step 6, based on whether the record has been transmitted.

Evaluation/Admission Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
=====			
5	Transmit Status Flag must be reset before editing this record is allowed. Do you wish to reset the Flag? NO//		
		- Y(es)	6
		- N(o)	1
		- ^ or <RET>	1

This message is displayed if the record has been transmitted to Austin. Resetting the flag allows the user to edit any data in the record. Answering "Yes" to the "Do you wish to reset the Flag?" prompt automatically generates a Form 6 Correction record to be included in the next transmission to Austin, and resets the Transmit Status Flag to "Needs to be Transmitted" status. In short, answering "Yes" tells Austin, delete this previously transmitted record, I'm sending a corrected replacement.

6	EVALUATION DATE:	- <RET> (accept default from Step 3)	7
		- any valid date between 1/1/1977 and current date	7

Evaluation Date must be prior to or same as HBHC Admission Date.

7	STATE CODE: ARKANSAS//	- <RET> (accept default)	8
		- any valid 2 digit numeric state code, or state name, in HBHC Valid State Code file	8

Field default value pulled from MAS Patient file data.

8	COUNTY CODE: PULASKI (119)//		
		- <RET> (accept default)	9
		- any valid 3 digit numeric county code, or county name, in State file	9

Field default value pulled from MAS Patient file data.

9	ZIP CODE: 72203//	- <RET> (accept default)	10
		- 5 digit numeric ZIP code	10

Field default value pulled from MAS Patient file data.

10	ELIGIBILITY @ EVALUATION: Other Non-Service Connected (05)//		
		- <RET> (accept default)	11
		- 2 digit numeric code, valid entries: 01 thru 05	11

Field default value pulled from MAS Patient file data.

Evaluation/Admission Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
11	BIRTH YEAR: 25	*** Contact MAS if value is incorrect. ***	12
Field data is display only. MAS must be contacted if value is incorrect.			
12	PERIOD OF SERVICE: World War II (02)//	- <RET> (accept default)	13
		- 2 digit code, valid entries: 00 thru 05, 07 thru 10 and X	13
Field default value pulled from MAS Patient file data.			
13	SEX: Male (1)	*** Contact MAS if value is incorrect. ***	14
Field data is display only. MAS must be contacted if value is incorrect.			
14	RACE: White (1)	*** Contact MAS if value is incorrect. ***	15
Field data is display only. MAS must be contacted if value is incorrect.			
15	MARITAL STATUS @ EVALUATION: Married (1)//	- <RET> (accept default)	16
		- 1 digit numeric code, valid entries: 1 thru 5, and 9	16
Field default value pulled from MAS Patient file data.			
16	LIVING ARRANGEMENTS @ EVAL:	- 1 digit numeric code, valid entries: 1 thru 5, and 9	17
17	LAST AGENCY PROVIDING CARE:	- 1 digit numeric code, valid entries: 1 thru 3	18
18	TYPE OF LAST CARE AGENCY:	- 1 digit numeric code, valid entries: 1 thru 7, and 9	19
19	ADMIT/REJECT ACTION:	- 1 (Admit to HBHC)	22
		- 2 (Reject from HBHC)	20

Evaluation/Admission Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
20	REJECT/WITHDRAW REASON:	- 2 digit numeric code, valid entries: 01 thru 08, 10, and 11	21
21	REJECT/WITHDRAW DISPOSITION:	- 1 digit numeric code, valid entries: 1 and 2	43
22	ADMISSION DATE:	- any valid date between 1/1/1977 and current date	23
Admission Date must follow or be same as HBHC Evaluation Date, and also prior to or same as HBHC Discharge Date.			
23	PRIMARY DIAGNOSIS @ ADMISSION:	- any valid ICD9 diagnosis code in ICD Diagnosis file	24
User may enter partial diagnosis description, diagnosis category (e.g., dementia), or ICD9 code to obtain list of selectable diagnostic codes.			
24	SECONDARY DIAGNOSES @ ADM:	Field is not transmitted to Austin. - 1-30 free text characters	25
25	VISION @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 4, and 9	26
26	HEARING @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 4, and 9	27
27	EXPRESSIVE COMMUNICATION @ ADM:	- 1 digit numeric code, valid entries: 1 thru 5, and 9	28
28	RECEPTIVE COMMUNICATION @ ADM:	- 1 digit numeric code, valid entries: 1 thru 5, and 9	29
29	BATHING @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	30
30	DRESSING @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	31
31	TOILET USAGE @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	32

Evaluation/Admission Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
32	TRANSFERRING @ ADMISSION:-	1 digit numeric code, valid entries: 1 thru 3, and 9	33
33	EATING @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	34
34	WALKING @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	35
35	BOWEL CONTINENCE @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	36
36	BLADDER CONTINENCE @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	37
37	MOBILITY @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 4, and 9	38
38	ADAPTIVE TASKS @ ADMISSION:	- 1 digit numeric code, valid entries: 1, 2, and 9	39
39	BEHAVIOR PROBLEMS @ ADMISSION:	- 1 digit numeric code, valid entries: 1, 2, and 9	40
40	DISORIENTATION @ ADMISSION:	- 1 digit numeric code, valid entries: 1, 2, and 9	41
41	MOOD DISTURBANCE @ ADMISSION:	- 1 digit numeric code, valid entries: 1, 2, and 9	42
42	CAREGIVER LIMITATIONS @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 4, and 9	43
43	PERSON COMPLETING EVAL/ADM FORM:	- any provider in HBHC Provider file	44

User may enter provider name or provider number. Field is not transmitted to Austin.

Evaluation/Admission Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
44	DATE EVAL/ADM FORM COMPLETED: -	any valid date	45
Field is not transmitted to Austin.			
45	CASE MANAGER:	- any provider in HBHC Provider file	1
User may enter provider name or provider number. Field is not transmitted to Austin.			

Visit Data Entry Option

This option is used for entering/editing visit data (also known as Form 4, or visit log; hereafter called visit) in the HBHC Visit file. Patient name, visit date, and clinic name are automatically entered by the Make Appointment option. (See Make Appointment option section for details.) Data entry is only necessary for the provider, type of visit, QA indicator, and comments fields.

Note: The user CANNOT add patient entries to the Visit file with this option.

A sample data entry session follows.

Visit Data Entry Option Sample Session

Select HBHC Information System Menu option: **Visit Data Entry**

Step	Prompt:	If User Answers With...	Proceed to Step
1	Select HBHC VISIT PATIENT NAME:		
		- HBHC patient name	2
		- last 4 digits of patient SSN	2
		- first character of patient last name and last 4 digits of patient SSN	2
		- ^ or <RET>	Done
2	A list of visit dates is displayed for user selection of the visit to be edited, once patient has more than 1 visit on file.		3

The "Number of Visit Days to Scan" system parameter controls the date range of visits displayed for selection. This parameter may be changed as needed (valid values are 7 thru 365) by the Application Coordinator, using the System Parameters Edit option located on the Manager Menu.

3	Transmit Status Flag must be reset before editing this record is allowed. Do you wish to reset the Flag? NO//		
		- Y(es)	4
		- N(o)	1
		- ^ or <RET>	1

This message is displayed if the visit record has been transmitted to Austin. Resetting the flag allows the user to edit the data in the record. Answering "Yes" to the "Do you wish to reset the Flag?" prompt does not generate a Form 6 Correction record for visits. Currently no mechanism exists for correcting visit data at Austin. The Transmit Status Flag is reset to "Needs to be Transmitted" status and the corrected record will be included in the next transmission to Austin. Care should be taken in answering "Yes", since a duplicate visit record will be transmitted to Austin.

4	PROVIDER:	- any provider in HBHC Provider file	5
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User may enter provider name, or provider number.

Note: The FileMan spacebar recall feature is useful if multiple visits for the same provider are being entered. The system does not have to perform an HBHC Provider file lookup when spacebar recall is used. This saves the user time as well as being more system efficient.

Visit Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
5	TYPE OF VISIT:	- 1 digit numeric code, valid entries: 1 thru 7	6
6	QA INDICATOR:	-2 characters in length	7
For QA Indicator instructions refer to the Office of Geriatrics & Extended Care for current QA Indicator data value instructions, field is not transmitted to Austin.			
7	COMMENTS:	- 1-30 free text characters	1
Field is not transmitted to Austin.			

Discharge Data Entry Option

This option is used for entering/editing all discharge data (also known as Form 5; hereafter called discharge) in the HBHC Patient file.

A complete episode of care consists of both an admission and a discharge, with each episode being a separate HBHC Patient file record. An admission must exist before discharge is allowed. The software package will NOT allow the creation of an additional episode of care until the patient has been discharged from the previous episode.

Default values for the discharge data fields are pulled from the corresponding admission record data whenever possible to simplify data entry. Simply press <RET> if the default is valid, or type in the correct field information.

The user may ^ exit from the data entry process and return to the menu at any field prompt. Field jumping is disallowed due to branching logic contained within the data entry process. (e.g., If "Died on HBHC (4)" is entered at the "Discharge Status" prompt, the software package goes directly (branches) to the "Cause of Death" field. No Discharge data field prompts are displayed.)

The Discharge Status field value controls which field prompts are displayed for data entry. If the user changes the value of the Discharge Status field after other fields have been filled in, in certain instances the user may receive messages stating a particular type of data exists and no longer coincides with the proper fields to contain data for the Discharge Status currently recorded. A legend to which fields the message refers follows.

Discharge Data Entry Option (continued)

Discharge Status Code	Message	Field Names
=====		
1 or 2	Transfer data	- Transfer Destination - Type of Destination Agency
3, 5, or 9	Discharge data	- Primary Diagnosis @ Discharge - Caregiver Limitations @ Discharge
4	Deceased data	- Cause of Death

A sample data entry session follows.

Discharge Data Entry Option Sample Session

Select HBHC Information System Menu Option: **Discharge Data Entry**

Step	Prompt:	If User Answers With...	Proceed to Step
1	Select PATIENT NAME:		
		- HBHC patient name	2
		- last 4 digits of patient SSN	2
		- first character of patient last name and last 4 digits of patient SSN	2
		- ^ OR <RET>	Done
2	Record indicates patient has not been admitted to HBHC. Discharge not allowed without admission.		1

This message is displayed if Discharge is attempted without a corresponding Admission. User proceeds to step 3 in all other cases.

3	Transmit Status Flag must be reset before editing this record is allowed. Do you wish to reset the Flag? NO//		
		- Y(es)	4
		- N(o)	1
		- ^ OR <RET>	1

This message is displayed if the discharge record has been transmitted to Austin. Resetting the flag allows the user to edit any data in the record. Answering "Yes" to the "Do you wish to reset the Flag?" prompt automatically generates a Form 6 Correction record for both the Discharge record and for the corresponding Admission record. Both segments of the record are considered to comprise one episode of care and exist at Austin as one data record. The Form 6 Correction records will automatically be included in the next transmission to Austin. The Transmit Status Flag will be reset to "Needs to be Transmitted" status for both the Admission and Discharge. In short, answering "Yes" tells Austin, delete the previously transmitted record segments, I'm sending replacements.

4	DISCHARGE DATE:	- any valid date between 1/1/1977 and current date	5
---	-----------------	---	---

Discharge Date must follow or be same as HBHC Admission Date.

5	ELIGIBILITY @ DISCHARGE: Other Non-Service Connected (05)//		
		- <RET> (accept default)	6
		- 2 digit numeric code, valid entries: 01 thru 05	6

Field value default pulled from HBHC Patient file admission data.

Discharge Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
6	MARITAL STATUS @ DISCHARGE:	Married (1)//	
		- <RET> (accept default)	7
		- 1 digit numeric code, valid entries: 1 thru 5, and 9	7
Field default value pulled from HBHC Patient file admission data.			
7	LIVING ARRANGEMENTS @ D/C:	With Spouse (2)//	
		- <RET> (accept default)	8
		- 1 digit numeric code, valid entries: 1 thru 5, and 9	8
Field default value pulled from HBHC Patient file admission data.			
8	DISCHARGE STATUS:	- 1 or 2	9
		- 3, 5, or 9	12
		- 4	11
9	TRANSFER DESTINATION:	- 1 digit numeric code, valid entries: 1 thru 3	10
10	TYPE OF DESTINATION AGENCY:	- 1 digit numeric code, valid entries: 1 thru 6, and 9	12
11	CAUSE OF DEATH:	- 1-30 free text characters	32
Field is not transmitted to Austin.			
12	PRIMARY DIAGNOSIS @ DISCHARGE:	250.60 DIABETES W NEUROLOGIC MANIF II//	
		- <RET> (accept default)	13
		- any valid ICD9 diagnosis code in ICD Diagnosis file	13
User may enter partial diagnosis description, diagnosis category (e.g., diabetes), or ICD9 code to obtain list of selectable diagnostic codes.			
Field default value pulled from HBHC Patient file admission data.			
13	SECONDARY DIAGNOSES @ D/C:		
		- 1-30 free text characters	14
Field is not transmitted to Austin.			

Discharge Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
14	VISION @ DISCHARGE:	Normal or Minimal Loss (1)//	
		- <RET> (accept default)	15
		- 1 digit numeric code, valid entries: 1 thru 4, and 9	15
Field default value pulled from HBHC Patient file admission data.			
15	HEARING @ DISCHARGE:	Moderate Loss (2)//	
		- <RET> (accept default)	16
		- 1 digit numeric code, valid entries: 1 thru 4, and 9	16
Field default value pulled from HBHC Patient file admission data.			
16	EXPRESSIVE COMMUNICATION @ D/C:	Speaks and is Usually Understood (1)//	
		- <RET> (accept default)	17
		- 1 digit numeric code, valid entries: 1 thru 5, and 9	17
Field default value pulled from HBHC Patient file admission data.			
17	RECEPTIVE COMMUNICATION @ D/C:	Has Limited Comprehension of Oral Communication (2)//	
		- <RET> (accept default)	18
		- 1 digit numeric code, valid entries: 1 thru 5, and 9	18
Field default value pulled from HBHC Patient file admission data.			
18	BATHING @ DISCHARGE:	No Help (1)//	
		- <RET> (accept default)	19
		- 1 digit numeric code, valid entries: 1 thru 3, and 9	19
Field default value pulled from HBHC Patient file admission data.			
19	DRESSING @ DISCHARGE:	Receives Help (2)//	
		- <RET> (accept default)	20
		- 1 digit numeric code, valid entries: 1 thru 3, and 9	20
Field default value pulled from HBHC Patient file admission data.			

Discharge Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
20	TOILET USAGE @ DISCHARGE: No Help (1)//	- <RET> (accept default)	21
		- 1 digit numeric code, valid entries: 1 thru 3, and 9	21
Field default value pulled from HBHC Patient file admission data.			
21	TRANSFERRING @ DISCHARGE: Receives Help (2)//	- <RET> (accept default)	22
		- 1 digit numeric code, valid entries: 1 thru 3, and 9	22
Field default value pulled from HBHC Patient file admission data.			
22	EATING @ DISCHARGE: No Help (1)//	- <RET> (accept default)	23
		- 1 digit numeric code, valid entries: 1 thru 3, and 9	23
Field default value pulled from HBHC Patient file admission data.			
23	WALKING @ DISCHARGE: Receives Help (2)//	- <RET> (accept default)	24
		- 1 digit numeric code, valid entries: 1 thru 3, and 9	24
Field default value pulled from HBHC Patient file admission data.			
24	BOWEL CONTINENCE @ DISCHARGE: Continent or Ostomy/Catheter Self Care (1)//	- <RET> (accept default)	25
		- 1 digit numeric code, valid entries: 1 thru 3, and 9	25
Field default value pulled from HBHC Patient file admission data.			
25	BLADDER CONTINENCE @ DISCHARGE: Incontinent Occasionally (2)//	- <RET> (accept default)	26
		- 1 digit numeric code, valid entries: 1 thru 3, and 9	26
Field default value pulled from HBHC Patient file admission data.			

Discharge Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
26	MOBILITY @ DISCHARGE:	Goes Outdoors Without Help (1)//	
		- <RET> (accept default)	27
		- 1 digit numeric code, valid entries: 1 thru 4, and 9	27
Field default value pulled from HBHC Patient file admission data.			
27	ADAPTIVE TASKS @ DISCHARGE:	Requires Help (2)//	
		- <RET> (accept default)	28
		- 1 digit numeric code, valid entries: 1, 2, and 9	28
Field default value pulled from HBHC Patient file admission data.			
28	BEHAVIOR PROBLEMS @ DISCHARGE:	Does Not Exhibit This Characteristic (1)//	
		- <RET> (accept default)	29
		- 1 digit numeric code, valid entries: 1, 2, and 9	29
Field default value pulled from HBHC Patient file admission data.			
29	DISORIENTATION @ DISCHARGE:	Exhibits This Characteristic (2)//	
		- <RET> (accept default)	30
		- 1 digit numeric code, valid entries: 1, 2, and 9	30
Field default value pulled from HBHC Patient file admission data.			
30	MOOD DISTURBANCE @ DISCHARGE:	Does Not Exhibit This Characteristic (1)//	
		- <RET> (accept default)	31
		- 1 digit numeric code, valid entries: 1, 2, and 9	31
Field default value pulled from HBHC Patient file admission data.			
31	CAREGIVER LIMITATIONS @ DISCHARGE:	Moderate (2)//	
		- <RET> (accept default)	32
		- 1 digit numeric code, valid entries: 1 thru 4, and 9	32
Field default value pulled from HBHC Patient file admission data.			

Discharge Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step

32	PERSON COMPLETING D/C FORM:	- any provider in HBHC Provider file	33
User may enter provider name, or provider number. Field is not transmitted to Austin.			

33	DATE DISCHARGE FORM COMPLETED:	- any valid date	1
Field is not transmitted to Austin.			

Reports Menu

Evaluation/Admission Data Report by Patient (80)
Patient Visit Data Report (80)
Discharge Data Report by Patient (80)
Episode of Care/Length of Stay Report (80)
Program Census Report (80)
Team Census Report (80)
Case Manager Census Report (132)
Provider Census Report (132)
Admissions/Discharges by Date Range Report (132)
Visit Data by Date Range Report (80)
QA Indicator Report (80)

This menu contains most of the HBHC report options. The Reports Menu can be assigned by itself, if printed reports are the only capabilities of the software package needed by a user.

Each report option name is followed by either (80) or (132). This number indicates the print column format required for the report. (See Printer Information section for a few words about printers.)

All report printouts can be queued and are designed to be printed on a printer. 80 column format reports display satisfactorily on a terminal. 132 column reports tend to be difficult to read since the data wraps around on a terminal. If output is requested for the terminal, the user can control the scroll of the data with the "Hold Screen" key. The "Ctrl S" and "Ctrl Q" key combinations behave as switches to stop data scroll and restart scroll (Ctrl S and Ctrl Q, respectively) on most keyboards, should "Hold Screen" not exist.

Sample reports and a description of each Reports Menu option follows. (See table of contents for specific option page numbers.)

Evaluation/Admission Data Report by Patient(80) Option

This option prints the HBHC Patient Evaluation/Admission Data Report. The report includes all evaluation/admission data fields, plus Case Manager. The report format mimics the Evaluation/Admission (Form 3) pre-printed form layout. Report prints in 80 column format.

This report is useful for displaying all admission data fields for a particular patient, or locating specific episode of care information. Data entry accuracy could be verified by comparing the report printout to the original Form 3.

A sample report usage session follows.

Evaluation/Admission Data Report by Patient (80) Option Sample Session

Select Reports Menu Option: **Evaluation/Admission Data Report by Patient (80)**

Select HBHC PATIENT NAME: **BLUE,ANN** 01-10-25 999999999 NSC VETERAN
01-11-93

DEVICE: HOME// **Printer name** or **<RET>**

A sample report follows.

Evaluation/Admission Data Report by Patient (80) Option (sample report)

>>> HBHC Patient Evaluation/Admission Data Report <<<

Run Date: JAN 15,1993

```

=====
Patient Name:  BLUE,ANN                               Last Four:  9999
=====
1.  Hospital Number:           598 | 19.  Admission Date:           01-11-93
-----
2.  Evaluation Date:           01-11-93 | 20.  Primary Diagnosis @ Adm:       250.60
-----
3.  State Code:                05   | 21.  Secondary Diagnoses @ Adm:
-----
4.  County Code:               119   | 22.  Vision @ Admission:           1
-----
5.  ZIP Code:                  72203 |   | Hearing @ Admission:
-----
6.  Eligibility @ Evaluation: 05   | 23.  Expressive Communication @ Adm:   1
-----
7.  Birth Year:                 25   | 24.  Receptive Communication @ Adm:   2
-----
8.  Period of Service:         02   | 25.  Bathing @ Admission:           1
-----
9.  Sex:                        2   |   | Dressing @ Admission:           2
-----
10. Race:                       1   |   | Toilet Usage @ Admission:         1
-----
11. Marital Status @ Evaluation:1 |   | Transferring @ Admission:         2
-----
12. Living Arrangements @ Eval: 2 |   | Eating @ Admission:
-----
13. Last Agency Providing Care: 2 |   | Walking @ Admission:           2
-----
14. Type of Last Care Agency:   1 1 | 26.  Bowel Continence @ Admission:   1
-----
15. Admit/Reject Action:        1   |   | Bladder Continence @ Admission:   2
-----
16. Reject/Withdraw Reason:     | 27.  Mobility @ Admission:           1
-----
17. Reject/Withdraw Disposition: | 28.  Adaptive Tasks @ Admission:     2
-----
18. SSN:                        999-99-9999 | 29.  Behavior Problems @ Admission:   1
-----
| 30.  Disorientation @ Admission:     2
-----
| 31.  Mood Disturbance @ Admission:   1
-----
| 32.  Caregiver Limitations @ Adm:    2
-----
| 33.  Person Completing Eval/Adm:    100
-----
|   | Date Eval/Adm Completed:   01-11-93
-----
|   | Case Manager:
-----

```

Patient Visit Data Report (80) Option

This option prints the HBHC Patient Visit Data Report. The user selects the visit date range for inclusion on the report. The report is printed in ascending visit date order, using 80 column format.

The report data includes:

- Visit Date
- Type of Visit
- Comments
- Provider Number
- Provider Name

This report is useful for displaying all visit data on file for a particular patient, or a specific episode of care.

A sample report usage session follows.

Patient Visit Data Report (80) Option Sample SessionSelect Reports Menu Option: **Patient Visit Data Report (80)**Select HBHC PATIENT NAME: **PINK,AMY** 10-24-40 888888888 NSC VETERANBeginning Report Date: **1/1/93**Ending Report Date: **1/15/93**DEVICE: HOME// **Printer name** or **<RET>****A sample report follows.**>>> HBHC Patient: **PINK,AMY** 888-88-8888 Visit Data Report <<< Page: 1

Run Date: JAN 15,1993

Date Range: JAN 1,1993 to
JAN 15,1993

Visit Date	TOV Comments	Prov No.	Provider Name
01-04-93	1 Comments text 2	120	PURPLE,DOUG
01-05-93	1 Comments text 1	150	YELLOW,SALLY

==== End of Report ====

Discharge Data Report by Patient (80) Option

This option prints the HBHC Patient Discharge Data Report. The report includes all discharge data fields. The report format mimics the Discharge (Form 5) pre-printed form layout. Report prints in 80 column format.

This report is useful for displaying all discharge data fields for a particular patient, or locating specific episode of care information. Data entry accuracy could be verified by comparing the report printout to the original Form 5.

A sample report usage session follows.

Discharge Data Report by Patient (80) Option Sample Session

Select Reports Menu Option: **Discharge Data Report by Patient (80)**

Select HBHC PATIENT NAME: **BOY,BILLY** 11-01-54 263638949 EMPLOYEE
8-13-93

DEVICE: HOME// **Printer name** or <RET>

A sample report follows.

Discharge Data Report by Patient (80) Option (sample report)

>>> HBHC Patient Discharge Data Report <<<

Run Date: SEP 22, 1993

```

=====
Patient Name:  BOY,BILLY                               Last Four:  8949
=====
1.  Hospital Number:                | 20.  Primary Diagnosis @ D/C:      101.
-----
2.  Discharge Date:                 08-13-93 | 21.  Secondary Diagnoses @ D/C:
                                         | 101
-----
3.  Eligibility @ Discharge:        01 | 22.  Vision @ Discharge:          1
-----
4.  Marital Status @ Discharge:     1 |   Hearing @ Discharge:            1
-----
5.  Living Arrangements @ D/C:      1 | 23.  Expressive Communication @ D/C: 1
-----
6.  Discharge Status:               1 | 24.  Receptive Communication @ D/C: 1
-----
7.  Transfer Destination:           1 | 25.  Bathing @ Discharge:         1
-----
8.  Type of Destination Agency:     1 |   Dressing @ Discharge:          1
-----
9.  Cause of Death:                 |   Toilet Usage @ Discharge:      1
-----
    Name:                 081393BOY,B |   Transferring @ Discharge:      1
-----
    SSN:                  263-63-8949 |   Eating @ Discharge:            1
-----
                                         |   Walking @ Discharge:           1
-----
                                         | 26.  Bowel Continence @ Discharge: 1
-----
                                         |   Bladder Continence @ Discharge: 1
-----
                                         | 27.  Mobility @ Discharge:         1
-----
                                         | 28.  Adaptive Tasks @ Discharge:   1
-----
                                         | 29.  Behavior Problems @ Discharge: 1
-----
                                         | 30.  Disorientation @ Discharge:   1
-----
                                         | 31.  Mood Disturbance @ Discharge: 1
-----
                                         | 32.  Caregiver Limitations @ D/C:  1
-----
                                         | 33.  Person Completing Discharge: 101
-----
                                         |   Date Discharge Completed: 09-22-93
=====

```

Episode of Care/Length of Stay Report (80) Option

This option prints the HBHC Episode of Care/Length of Stay Report. The user selects the date range for inclusion on the report. The report is printed alphabetically by patient last name, using 80 column format.

The report data includes:

- **Patient Name**
- **Social Security Number**
- **Admission Date**
- **Discharge Date**
- **Length of Stay**

This report mimics the Austin generated DMS COIN 157 report, which is received monthly. This local report capability allows access to this data in a more timely fashion. Greater flexibility is also gained by HBHC controlling the date range included on the report. This report will list only those patients admitted or discharged in the period specified.

A sample report usage session follows.

Episode of Care/Length of Stay Report (80) Option Sample Session

Select Reports Menu Option: **Episode of Care/Length of Stay Report (80)**

Beginning Report Date: **12/1/92**

Ending Report Date: **1/15/93**

DEVICE: HOME// **Printer name** or **<RET>**

A sample report follows.

>>> HBHC Episode of Care/Length of Stay Report <<< Page: 1

Run Date: JAN 15,1993

Date Range: DEC 1,1992 to
JAN 15,1993

Patient Name	SSN	Admission Date	Discharge Date	Length /Stay
BLUE,ANN	999-99-9999	12-01-92	12-23-92	22
BLUE,ANN	999-99-9999	01-11-93		
ORANGE,MARK	555-55-5555	01-08-93		
RED,MIKE	444-44-4444	12-08-92	01-12-93	35

==== End of Report ====

Program Census Report (80) Option

This option prints the HBHC Program Census Report. The user selects the date range for inclusion on the report. To obtain a report of all active (currently admitted, but not discharged) HBHC patients, enter the current admission date of the patient who has been on the HBHC program the longest, at the "Beginning Report Date" prompt. (e.g., Amy Pink's current admission date is Jan 2, 1990. No other "active" admissions exist prior to Jan 2, 1990, thus Jan 2, 1990 would be entered at the "Beginning Report Date" prompt.).

The report is printed alphabetically by patient last name, using 80 column format.

The report data includes:

- Patient Name
- Social Security Number
- Admission Date

This report has many potential uses for HBHC Providers and other areas of the medical center, such as MAS, Emergency Room, or other clinical programs.

A sample report usage session follows.

Program Census Report (80) Option Sample Session

Select Reports Menu Option: **Program Census Report (80)**

Beginning Report Date: **1/2/90**

Ending Report Date: **1/15/93**

DEVICE: HOME// **Printer name** or **<RET>**

A sample report follows.

>>> HBHC Program Census Report <<<

Page: 1

Run Date: JAN 15,1993

Date Range: JAN 2,1990 to
JAN 15,1993

Patient Name	Admission SSN	Date
BLACK,BILL	777-77-7777	JUN 22, 1992
BLUE,ANN	999-99-9999	JAN 11, 1993
BROWN,CARL	666-66-6666	SEP 10, 1992
GREEN,TIM	333-33-3333	NOV 18, 1992
ORANGE,MARK	555-55-5555	JAN 8, 1993
PINK,AMY	888-88-8888	JAN 2, 1990
WHITE,AL	222-22-2222	DEC 30, 1991

=====
Census Total: 7
=====

==== End of Report =====

Team Census Report (80) Option

This option prints the HBHC Team Census Report. This report and the Program Census report produce essentially the same report for sites with only 1 team, except the Team Census includes totals. The report is only useful if more than 1 team exists, or totals are needed.

The user selects the date range for inclusion on the report. To obtain a report of all active (currently admitted, but not discharged) HBHC patients, enter the current admission date of the patient who has been on the HBHC program the longest, at the "Beginning Report Date" prompt. (e.g., Amy Pink's current admission date is Jan 2, 1990. No other "active" admissions exist prior to Jan 2, 1990, thus Jan 2, 1990 would be entered at the "Beginning Report Date" prompt.)

The report is printed alphabetically by team name, then alphabetically by patient last name, using 80 column format. Unknown is listed as the team name for those providers without an identifying team in the HBHC Provider file. Totals are printed for each team, plus a cumulative team total.

The report data includes:

- **Team Name**
- **Patient Name**
- **Social Security Number**
- **Admission Date**

This report is useful for tracking patient load by team.

A sample report usage session follows.

Team Census Report (80) Option Sample Session

Select Reports Menu Option: **Team Census Report (80)**

Beginning Report Date: **1/2/90**

Ending Report Date: **1/15/93**

DEVICE: HOME// **Printer name** or **<RET>**

A sample report follows.

Team Census Report (80) Option Sample Report

>>> HBHC Team Census Report <<<
HBHC Team: Little Rock

Page: 1

Run Date: JAN 15,1993

Date Range: JAN 2,1990 to
JAN 15,1993

Patient Name	SSN	Admission	Date
=====	=====	=====	=====
BLUE, ANN	999-99-9999		JAN 11, 1993
-----	-----	-----	-----
BROWN, CARL	666-66-6666		SEP 10, 1992
-----	-----	-----	-----
GREEN, TIM	333-33-3333		NOV 18, 1992
-----	-----	-----	-----
PINK, AMY	888-88-8888		JAN 2, 1990
-----	-----	-----	-----

Team: Little Rock Census Total: 4

***** Omitted Page(s) *****

>>> HBHC Team Census Report <<<
HBHC Team: Unknown

Page: 3

Run Date: JAN 15,1993

Date Range: JAN 2,1990 to
JAN 15,1993

Patient Name	SSN	Admission	Date
=====	=====	=====	=====
ORANGE, MARK	555-55-5555		JAN 8, 1993
-----	-----	-----	-----

Team: Unknown Census Total: 1

=====

All Team Census Total: 7

=====

==== End of Report ====

Case Manager Census Report (132) Option

This option prints the HBHC Case Manager Census Report. The user selects the date range for inclusion on the report. To obtain a report of all active (currently admitted, but not discharged) HBHC patients, enter the current admission date of the patient who has been on the HBHC program the longest, at the "Beginning Report Date" prompt. (e.g., Amy Pink's current admission date is Jan 2, 1990. No other "active" admissions exist prior to Jan 2, 1990, thus Jan 2, 1990 would be entered at the "Beginning Report Date" prompt.)

The user is prompted whether the report should be printed for all case managers or only one case manager. The report is printed alphabetically by case manager last name, then alphabetically by patient last name, using 132 column format. Totals are printed for each case manager, with a cumulative case manager total if all case manager printing is selected.

The report data includes:

- Case Manager Name and Number
- Patient Name
- Social Security Number
- Admission Date
- Street Address
- City
- ZIP Code
- Phone

Street address, city, ZIP code, and phone information is pulled from the MAS Patient file.

This report is useful for tracking case manager patient load.

A sample report usage session follows.

Case Manager Census Report (132) Option Sample Session

Select Reports Menu Option: **Case Manager Census Report (132)**

Do you wish to include ALL case managers on the report? YES// **Yes**

(next prompt appears only if "No" answered above)

Select HBHC Case Manager: **100** BLACK,TOM Pine Bluff
...OK? YES// **<RET>**

Beginning Report Date: **1/2/90**

Ending Report Date: **1/15/93**

DEVICE: HOME// **Printer name** or **<RET>**

A sample report follows.

Package Operation

Case Manager Census Report goes here

Provider Census Report (132) Option

This option prints the HBHC Provider Census Report. All provider visits to a patient, which are entered in the software package visit file, appear on this report. The user selects the date range for inclusion on the report. To obtain a report of all active (currently admitted, but not discharged) HBHC patients, enter the current admission date of the patient who has been on the HBHC program the longest, at the "Beginning Report Date" prompt. (e.g., Amy Pink's current admission date is Jan 2, 1990. No other "active" admissions exist prior to Jan 2, 1990, thus Jan 2, 1990 would be entered at the "Beginning Report Date" prompt.)

The user is prompted whether the report should be printed for all providers or only one provider. The report is printed alphabetically by provider last name, then alphabetically by patient last name, using 132 column format. Totals are printed for each provider, with a cumulative provider total if all provider printing is selected.

The report data includes:

- Provider Name and Number
- Patient Name
- Social Security Number
- Admission Date
- Street Address
- City
- ZIP Code
- Phone

Street address, city, ZIP code, and phone information is pulled from the MAS Patient file.

This report is useful for tracking provider patient load.

A sample report usage session follows.

Provider Census Report Option (132) Sample Session

Select Reports Menu Option: **Provider Census Report (132)**

Do you wish to include ALL providers on the report? YES// **Yes**

(next prompt appears only if "No" answered above)

Select HBHC Provider: **100** BLACK,TOM Pine Bluff
...OK? YES// **<RET>**

Beginning Report Date: **1/2/90**

Ending Report Date: **1/15/93**

DEVICE: HOME// **Printer name** or **<RET>**

A sample report follows.

provider census

Admissions/Discharges by Date Range Report (132) Option

This option prints the HBHC Admissions/Discharges by Date Range Report. The user selects the date range for inclusion on the report.

The user is prompted whether the report should be printed for admissions or discharges, with totals provided. The report is printed in ascending admission/discharge date order, then alphabetically by patient last name, using 132 column format.

The report data includes:

- Admission/Discharge Date
- Patient Name
- Social Security Number
- ICD9 Code (Primary Diagnosis @ Admission/Discharge)
- Diagnosis Text

This report is useful for tracking admissions or discharges for a specific date range.

A sample report usage session follows.

Admissions/Discharges by Date Range Report (132) Option Sample Session

Select Reports Menu Option: **Admissions/Discharges by Date Range Report (132)**

Select Admissions or Discharges: (A/D): **Admissions**

or

Select Admissions or Discharges: (A/D): **Discharges**

Beginning Report Date: **05/27/93**

Ending Report Date: **06/07/93**

DEVICE: HOME// **Printer name** or **<RET>**

A sample report follows.

Package Operation

Admissions/Discharges by Date Range Report goes here

Visit Data by Date Range Report (80) Option

This option prints the HBHC Visit Data by Date Range Report. The user selects the date range for inclusion on the report.

The report format mimics the Visit Log (Form 4) pre-printed form layout. The report is printed in ascending provider number order, then by ascending visit date, using 80 column format. A total for the date range selected is provided.

The report data includes:

- Provider Number
- Visit Date
- Patient Last Name
- Social Security Number
- Type of Visit
- Comments

Data entry accuracy could be verified by comparing the report printout to the original Form 4.

A sample report usage session follows.

Visit Data by Date Range Report (80) Option Sample Session

Select Reports Menu Option: **Visit Data by Date Range Report (80)**

Beginning Report Date: **1/1/93**

Ending Report Date: **1/15/93**

DEVICE: HOME// **Printer name** or **<RET>**

A sample report follows.

```

>>> HBHC Visit Data by Date Range Report <<<                                     Page: 1

Run Date: JAN 15,1993                                     Date Range: JAN 1,1993 to
                                                           JAN 15,1993

Prov      Date      Patient      SSN      TOV      Comments
No.       Date      Last Name
=====
100 01-04-93  BLUE          999-99-9999  1
-----
100 01-05-93  GREEN          333-33-3333  1      Comments text 4
-----
100 01-08-93  WHITE          222-22-2222  5      Comments text 5
-----
120 01-04-93  BLACK          777-77-7777  1
-----
120 01-04-93  PINK           888-88-8888  1      Comments text 2
-----
120 01-12-93  RED            444-44-4444  1
-----
120 01-15-93  BLACK          777-77-7777  1
-----
120 01-15-93  ORANGE         555-55-5555  1      Comments text 3
-----
150 01-05-93  BROWN          666-66-6666  1
-----
150 01-05-93  PINK           888-88-8888  1      Comments text 1
-----
150 01-11-93  GREEN          333-33-3333  1
-----
200 01-14-93  WHITE          222-22-2222  1
-----
222 01-11-93  GREEN          333-33-3333  1
-----
222 01-14-93  BLUE           999-99-9999  1
-----
=====
Total Visits:  14
=====

==== End of Report ====

```

QA Indicator Report (80) Option Sample Session

This option prints the QA Indicator Report. The user selects the date range and device for this report.

This report is printed in alphabetical order for the patients who have a QA Indicator, using an 80 column format.

A sample report usage session follows.

Select Reports Menu Option: **QA** Indicator Report (80)

Beginning Report Date: **-10** (AUG 11, 1993)

Ending Report Date: **T** (AUG 21, 1993)

DEVICE: HOME// **<RET>** HOME

A sample report follows:

```

>>> HBHC QA Indicator Report <<<
Page: 2
Run Date: AUG 17, 1993
Date Range: JUL 28, 1993 to
AUG 17, 1993

```

Patient Name	SSN	Visit Date	QA Indicator
ARBUCKEL, JON	276-49-2648	08-16-93	12
BILL, THE CAT	563-83-7453	08-11-93	23
BOY, BILLY	263-63-8949	08-12-93	13
BOY, BILLY	263-63-8949	08-13-93	22

```

=====
==== End of Report ====

```

Evaluation/Admission Data Report by Patient (80)

Transmission Menu

Build/Verify Transmission File
Form Errors Report (80)
Edit Form Errors Data
Transmit File to Austin

The options on this menu are designed to work as a unit and should be used in the sequence listed on the menu. The Build/Verify Transmission File, Form Errors Report, and Edit Form Errors Data options may be repeated, in that order, as many times as necessary until the user receives the message "No records containing errors were found.". Once this message is received, the Transmit File to Austin option may be run.

If the Transmit File to Austin option is selected prior to all errors being corrected, the user will see the message "Records containing errors exist and must be corrected before file can be transmitted".

Transmission Overview

Austin will assign each site a transmission time.

The following steps are intended as an overview ONLY. Please read the detailed instructions before using the transmission options. (See table of contents for specific option page numbers.)
d must be corrected before file can be transmitted".

Step 1

The Build/Verify Transmission File option creates the Data file for transmission to Austin. Each record included in the transmission file is verified to contain valid and complete data. If the record contains incomplete or erroneous data, the record is placed in an error file instead of the transmit file.

The message "No records containing errors were found." is displayed if all records are correct. The user can proceed with the Transmit File to Austin option when this message is received.

Step 2

If errors are discovered, run the Form Errors Report option to determine which patient records contain errors.

Transmission Overview (continued)

Step 3

The Edit Form Errors Data option prompts for a patient's name. The user selects a patient listed on the Form Errors Report. The software package prompts the user only for the missing/invalid information.

Once the errors are corrected, re-run the Build/Verify Transmission File option to add the corrected records to the transmit file. Again, the Build/Verify Transmission File, Form Errors Report, and Edit Form Errors Data options must be repeated, in that order, as many times as necessary until the user receives the message "No records containing errors were found." at which time the Transmit File to Austin option can be performed.

Step 4

The Transmit File to Austin option transmits the file created by the Build/Verify Transmission File option. Once transmitted, this file remains on disk until the next time the Build/Verify Transmission File option is used. The reason for this is to preserve the transmit file in case re-transmission to Austin is necessary.

A word of caution: since the same data COULD be transmitted to Austin twice, only run the Transmit File to Austin option ONCE for each monthly cycle.

Confirmation messages are sent to the HBH Mail Group members indicating receipt of each transmission by Austin.

The following pages illustrate the usage of each Transmission Menu option. (See table of contents for specific option page numbers.)

Build/Verify Transmission File Option

This option creates the data file for transmission to Austin. Each record included in the transmit file is verified to contain valid and complete data. If the record contains incomplete or erroneous data, the record is placed in an error file.

The TRANSMISSION File continues to grow each time this option is run until the Transmit File to Austin option is performed. Once transmitted, this file remains on disk until the next time the Build/Verify Transmission File option is used. The reason for this is to preserve the intact transmit file in case re-transmission to Austin is necessary.

All records with a "Needs to be Transmitted" value in the Transmit Status Flag field are processed. This includes all new or corrected Admission and Discharge records, plus all Visit records excluding the previous 7 days.

The 7 day visit window was built in to accommodate those sites that enter visits in the future, instead of after the visit takes place. Transmission cannot occur if records are found to be incomplete. The software package considers the following as incomplete:

- future visits
- current visits without provider and type of visit data
- records with missing data
- records with erroneous data

The visits from the last 7 days will be included in the next transmission, thus there will be a 7 day lag time in each month's visit data at Austin. (e.g., Each transmission will contain 1 week of last month's data and 3 weeks of this month's data. The first file transmitted to Austin will contain only 3 weeks of data.)

Any visits prior to the Package Startup Date system parameter date are automatically excluded from all transmissions. The Package Startup Date is the "official" date for Visit records to be electronically transmitted to Austin instead of paper forms being mailed. Admission and Discharge records do not use this parameter.

If the Build/Verify Transmission File option is run more than once (e.g., weekly) between transmissions to Austin, only data that does not already exist in the transmit file is added. The software package ensures no duplicate records are created.

Build/Verify Transmission File Option (continued)

The time this option takes to build and verify the data varies depending on the amount of data processed. A month's worth of data takes longer than a week's worth of data. How often the Build/Verify Transmission File option is run between the monthly transmissions to Austin is at the user's discretion, although weekly processing is suggested.

Again, after the transmission file has been transmitted, it remains on disk until the first time the Build/Verify Transmission File option is run following the use of the Transmit File to Austin option. The transmission file is automatically deleted and rebuilt with data for the "next" transmission batch at that time.

Always ensure confirmation messages have been received from Austin on each transmit cycle BEFORE the Build/Verify Transmission File option is run again.

A sample build transmit file session follows.

Build/Verify Transmission File Option Sample Session

Select Transmission Menu Option: **Build/Verify Transmission File**

One of the following prompts/messages will appear:

1. This option builds the file for transmission to Austin. Do you wish to continue? NO// **YES** (YES)

a. YES response

The following message is displayed while processing takes place:

```
Building transmission file...
...HMMM, HOLD ON...
```

Note: The time this option takes varies depending on the amount of data processed. Please be patient.

b. NO response

If "NO" or <RET> is entered at the "Do you wish to continue? NO//" prompt, the user returns to the Transmission Menu. No file processing occurs.

OR

2. Records containing errors exist and must be corrected before transmit file can be created or updated.

The above message indicates all errors previously detected by this option must be corrected before the user can proceed. Use the Form Errors Report, and Edit Form Errors Data options to correct the errors.

Form Errors Report (80) Option

This option prints a report of errors found during the data verification process of the Build/Verify Transmission File option. The report is used to determine which patient records contain errors.

This report is printed alphabetically by patient last name, using 80 column format. The blank space to the left of Patient Name allows the user to check off the patient's name as errors are corrected.

The report data includes:

- Patient Name
- Social Security Number
- Form containing missing or erroneous data
(Evaluation/Admission, Visit Log, or Discharge)
- Corresponding Date

A sample report usage session follows.

Form Errors Report (80) Option Sample SessionSelect Transmission Menu Option: **Form Errors Report (80)**DEVICE: HOME// **Printer name** or <RET>

A sample report follows.

>>> HBHC Form Errors Report <<<

Page: 1

Run Date: JAN 15,1993

Patient Name	SSN	Form	Date
BLACK,BILL	777-77-7777	Visit Log	01-04-93
BLUE,ANN	999-99-9999	Eval/Adm	12-01-92
BLUE,ANN	999-99-9999	Eval/Adm	01-11-93
BLUE,ANN	999-99-9999	Visit Log	01-14-93
BLUE,ANN	999-99-9999	Discharge	12-23-92
BROWN,CARL	666-66-6666	Visit Log	01-05-93
ORANGE,MARK	555-55-5555	Eval/Adm	01-08-93
PINK,AMY	888-88-8888	Visit Log	01-04-93
PINK,AMY	888-88-8888	Visit Log	01-05-93
RED,MIKE	444-44-4444	Eval/Adm	12-08-92
RED,MIKE	444-44-4444	Discharge	01-12-93

==== End of Report =====

Edit Form Errors Data Option

This option is used to correct all errors found during the data verification process of the Build/Verify Transmission File option. Use this option, NOT the "Data Entry" options, since this option specifically cleans up the error file(s). Making corrections is also easier with this option since only the missing fields are prompted for, rather than stepping through all the fields in a record to locate the missing data field(s) manually. If the "Data Entry" options are used to correct errors, the user must still use the Edit Form Errors Data option to cleanup the error file(s), so transmission can occur.

This option prompts for a patient's name. The user selects a patient listed on the Form Errors Report. If the selected patient is either not on the report or has had his errors corrected via this option, the message "This patient has no records containing errors on file." is displayed.

The patient used in the example session has missing data on an evaluation/admission form and also a discharge form. Notice the patient's name is only entered once. The date and form of the data to be edited is displayed prior to the missing data prompt(s).

Once all errors have been corrected, run the Build/Verify Transmission File option to add the corrected records to the Transmit file. Again, the Build/Verify Transmission File, Form Errors Report, and Edit Form Errors Data options must be repeated, in that order, as many times as necessary until the user receives the message "No records containing errors were found.". The Transmit File to Austin option can then be performed.

A sample error correction session follows.

Edit Form Errors Data Option Sample Session

Select Transmission Menu Option: **Edit Form Errors Data**

Select PATIENT NAME: **RED,MIKE** 02-02-28 4444444444 SC VETERAN

=== Editing 12-08-92 Evaluation/Admission Data ===

BATHING @ ADMISSION: **1** No Help (1)

MOBILITY @ ADMISSION: **1** Goes Outdoors Without Help (1)

=== Editing 01-12-93 Discharge Data ===

LIVING ARRANGEMENTS @ D/C: **2** With Spouse (2)

Select PATIENT NAME: **<RET>**

Transmit File to Austin Option

This option uses MailMan to transmit the file created by the Build/Verify Transmission File option.

The transmit file is continually added to until the Transmit File to Austin option is run. Once transmitted, this file remains on disk until the next time the Build/Verify Transmission File option is used. The reason for this is to preserve the transmit file in case re-transmission to Austin is necessary.

A word of caution: since the same data COULD be transmitted to Austin twice, only run the Transmit File to Austin option ONCE for each monthly cycle.

The Re-Transmit File to Austin option, located on the Manager Menu, is the backup procedure available for when, for whatever reason, Austin did not receive an intact transmit file from the local HBHC site. If problems arise with a transmission, the Re-Transmit File to Austin option, NOT the Transmit File to Austin option, should be run. (See Re-Transmit File to Austin option section for details.)

The Application Coordinator and any other user(s) in the HBH Mail Group will receive confirmation messages from Austin upon receipt of the electronic transmission by Austin. (See HBHC Technical Manual for mail group information.) In the event that no confirmation messages are received within 24 hours of a transmission request being queued, the Application Coordinator should contact their local IRM for assistance. (e.g., domain could be closed, network traffic/troubles, hardware failure, etc.)

Multiple mail messages may be generated by the software package for each Austin transmission. Each MailMan message contains a maximum of 100 HBHC records to conform to Austin message size specifications. A corresponding confirmation message should be received for every MailMan message received by Austin. For example if 845 records need transmitting, 9 MailMan messages would be generated (8 messages containing 100 records each, plus 1 message containing 45 records) and 9 confirmation messages should be received.

Transmit File to Austin Option (continued)

The subject of the Austin confirmation MailMan message is LTE9999 HBH CONFIRMATION. Sample message text:

Ref: Your HBH message #9999999 with Austin ID #99999999, is assigned confirmation number 99999999999999. (numbers vary on each message)

A sample transmit file session follows.

Transmit File to Austin Option Sample Session

Select Transmission Menu Option: **Transmit File to Austin**

One of the following messages will appear:

1. Transmission request has been queued.

This message indicates that all records are correct and complete and a background job to transmit the file to Austin has been initiated by the software package.

OR

2. Records containing errors exist and must be corrected before file can be transmitted.

The above message indicates all errors previously detected by the Build/Verify Transmission File option must be corrected before the user can proceed. Use the Form Errors Report, and Edit Form Errors Data options to correct the errors.

Manager Menu

System Parameters Edit
Provider File Data Entry
Clinic File Data Entry
Team File Data Entry
HBHC Provider File Report (132)
Re-Transmit File to Austin

The options on this menu are designed for use by the Application Coordinator. File data updating and system parameter editing capabilities are included. The HBHC Provider Report was placed on the Manager Menu instead of the Reports Menu due to the sensitive nature of some of the information shown. The Re-Transmit File to Austin option allows the re-transmission of a transmit data file to Austin, and should be used with caution.

The following pages illustrate the usage of each Manager Menu option. (See table of contents for specific option page numbers.)

System Parameters Edit Option

This option allows the Application Coordinator to change the "Number of Visit Days to Scan" parameter as needed. This number controls how many days are included when records are automatically created in the HBHC Visit file using the appointment data entered via the Make Appointment [HBHC APPOINTMENT] option.

This parameter also determines the date range of visits that are displayed for selection during patient lookup using the Visit Data Entry option. This feature was incorporated to make visit lookup quicker and less tedious for the user, by limiting the number of visits to a specific date range.

This parameter must be between 7 and 365 inclusive, but should be set to the lowest number that accurately reflects the appointment data timeliness (e.g., if appointments are entered daily, then 7 would be appropriate). The lower the number, the faster the HBHC Visit file updating will be, since the system has less data to process each time. Enter the number that best suits your programs needs.

A sample parameter editing session follows.

System Parameters Edit Option Sample Session

Select Manager Menu Option: **System Parameters Edit**

Number of Visit Days to Scan: 30// enter number between 7 and 365

Provider File Data Entry Option

This option allows entering/editing of all HBHC Provider File data in the HBHC Provider File.

The provider selected for addition to the HBHC Provider file must exist in the New Person file. LAYGO is not allowed on the New Person file.

The HBHC Team file should be populated prior to entering data in the HBHC Provider file. The HBHC Team field in the HBHC Provider file, references the HBHC Team file entries.

The user may ^ exit from the data entry process and return to the menu at any field prompt. Field jumping is allowed since no branching logic exists within the data entry process.

A sample data entry session follows.

Provider File Data Entry Option Sample SessionSelect HBHC Manager Menu Option: **Provider File Data Entry**

Step Step	Prompt:	If User Answers With...	Proceed to
=====			
1	Select HBHC PROVIDER NUMBER:		
		- "new" HBHC provider number	2
		- "current" HBHC provider number	3
		- "current" HBHC provider name	3
		- ^ or <RET>	Done

This field represents a unique 3 digit HBHC provider number which is assigned to each person whose FTEE is charged to HBHC. The 3 digit number must be between 100 and 299, and should be constructed as follows:

- first digit contains 1 for nonstudents, 2 for students
- second digit contains 0 thru 8 indicating discipline as follows:
 - 0 RN
 - 1 LPN, LVN, Home Health Aide or Tech, Nursing Assistant
 - 2 Social Worker
 - 3 OT, PT, CT, Rehabilitation Therapist
 - 4 Dietitian, Nutritionist
 - 5 Physician
 - 6 Nurse Practitioner
 - 7 Clinical Pharmacist
 - 8 Other
- third digit contains 0 thru 9 indicating individual provider as follows:
 - 0 first staff member in discipline
 - 1 second staff member in discipline
 - 2 third staff member in discipline, etc.

All students in a particular discipline should share the same HBHC provider number (e.g., all RN students would be 200). New provider numbers are issued only when FTEE is increased. Provider number "190" can be used as a "catch-all" category if the need arises.

2	ARE YOU ADDING "289", AS A NEW HBHC PROVIDER (THE nnTH)?		
		- Y(es)	3
		- N(o)	1
		- ^ or <RET>	1

3	PROVIDER NAME:	- any valid provider in New Person file	4

4 DEGREE :

- 1-15 free text characters

5

Provider File Data Entry Option Sample Session (continued)

Step Step	Prompt:	If User Answers With...	Proceed to
=====			
5	GRADE/STEP:	- 1-2 numerics, 1 "/", and 1-2 numerics - 1-3 alphabetic characters, 1 "/", and 1-2 numerics	
Field must be in 99/99 or xxx/99 format (e.g., 11/4 for grade 11, step 4, or SR/11 for Senior grade, step 11).			

6	FTEE ON HBHC:	- number between 0 and 1, 2 decimal digits	7
Field examples: 1, .5, or .25.			

7	HBHC TEAM:	- any valid field in HBHC Team File	

Clinic File Data Entry Option

This option allows entering/editing of HBHC Clinic names in the HBHC Clinic file.

The automatic updating of the HBHC Visit file with appointment data entered via the Make Appointment [HBHC APPOINTMENT] option creates entries only for those clinics contained in the HBHC Clinic file. (See Make Appointment Option section for details on automatic visit file updating.)

The clinic selected for addition to the HBHC Clinic file must exist in the Hospital Location file. LAYGO is not allowed on the Hospital Location file.

A sample data entry session follows.

Clinic File Data Entry Option Sample Session

Select HBHC Manager Menu Option: **Clinic File Data Entry**

Step	Prompt:	If User Answers With...	Proceed to Step
1	Select HBHC CLINIC NAME:		
		- "new" HBHC clinic name	2
		- "current" HBHC clinic name	3
		- ^ OR <RET>	Done
2	ARE YOU ADDING "HBHC NURSING CLINIC", AS A NEW HBHC CLINIC (THE nnTH)?		
		- Y(es)	3
		- N(o)	1
		- ^ OR <RET>	1
3	NAME:	- any valid clinic in Hospital Location file	1

Team File Data Entry Option

This option allows entering/editing of HBHC Team names in the HBHC Team file.

This file is referenced by the HBHC Provider file, HBHC Team field, and should be populated prior to entering any data in the HBHC Provider file.

A sample data entry session follows.

Team File Data Entry Option Sample Session

Select HBHC Manager Menu Option: **Team File Data Entry**

Step	Prompt:	If User Answers With...	Proceed to Step
1	Select HBHC TEAM NAME:	- "new" HBHC team name - "current" HBHC team name - ^ or <RET>	2 3 Done
2	ARE YOU ADDING "Team Name", AS A NEW HBHC TEAM (THE nnTH)?	- Y(es) - N(o) - ^ OR <RET>	3 1 1
3	NAME:	- 1-30 free text characters	1

HBHC Provider File Report (132) Option

This option prints the HBHC Provider File Report. The report is printed alphabetically by provider name, using 132 column format.

The report data includes:

- **Provider Name**
- **Provider Number**
- **Degree**
- **Grade/Step**
- **HBHC FTEE**
- **HBHC Team**

This report is useful for submitting provider information to Central Office or Austin.

A sample report usage session follows.

HBHC Provider File Report (132) Option Sample Session

Select Manager Menu Option: **HBHC Provider File Report (132)**
DEVICE: HOME// **Printer name** or <RET>

A sample report follows.

HBHC Provider File Report goes here

Re-Transmit File to Austin Option

This option re-transmits the last created transmit file to Austin. (Note: "Last created" may not be the "last transmitted" if Build/Verify Transmission File option has been run since the last transmission to Austin. See Build/Verify Transmission File Option section for details.)

The Re-Transmit File to Austin should only be used when something unforeseen happens to the last transmission, and it is necessary to send the transmit file a second time. (e.g., garbled file data due to network problems, incomplete transmit due to hardware failure, etc.) Use this option with caution since you will in essence be submitting the same data to Austin twice. (Although, Austin will reject duplicate admission/discharge data on their end, all visits would be duplicated. The extra processing time/effort involved are also a waste of resources.)

Depending on the nature of the problem and/or reason for re-transmitting, your local IRM technical support person, and possibly Austin as well, should be involved whenever this option is used. (e.g., If a transmit was incomplete due to a hardware failure, Austin may need to delete the "partial" transmit file received prior to the re-transmit.)

This option should be used instead of running the Transmit File to Austin option a second time, as the Re-Transmit File option invisibly updates fields used by the software package.

The Transmit File to Austin option should only be run ONCE for each monthly cycle. Re-Transmit File to Austin may be run more than once, if needed, until the transmit is successful. (e.g., Repeated hardware problems that disrupt the Re-Transmit option and prevent completion.)

A sample option usage session follows.

Re-Transmit File to Austin Option Sample Session

Select Manager Menu Option: **Re-Transmit File to Austin**

The following message(s) will appear:

- This option re-transmits the same data included in the last file created for transmission to Austin. It should only be run under special circumstances and should be coordinated with Austin. Do you wish to continue? NO//

Answering "No" or <RET> to this message returns the user to the Manager Menu with no transmission occurring.

If the user answers "Yes" to the "Do you wish to continue?" prompt, the following message indicates a background job has been initiated to re-transmit the file to Austin.

- Re-transmission request has been queued.

Printer Information

Printers can print reports in 80 columns, which is standard format, or 132 columns, commonly called compressed format. Each printer has a "default" column format setting, or "subtype". (All HBHC report options display the column format required in parentheses. (e.g., Program Census Report (80).)

If the printer subtype is set for standard format, all 80 column reports will print satisfactorily. If the report requires 132 columns, the user may change the subtype value when prompted for the print device as follows:

```
DEVICE: HOME// printer name;P-printer_specific_subtype
```

The printer name is followed by a semi-colon, then a "P-printer_specific_subtype" (e.g., PT100;P-KYOCERA.CMP). Entering "P-partial_printer_brand_name" (e.g., P-KY) lists the subtypes available for the KYOCERA brand printer. Printer names and subtypes are site specific and may vary from the examples, but the method used remains the same.

This method only changes to compressed mode temporarily to print the requested report. The default printer setting is not changed permanently. (Contact IRM if you have any questions.)

Glossary

Application Coordinator

Person responsible for the implementation, training, and troubleshooting of the software package, also acts as liaison between the HBHC Program personnel and IRM.

Background Job

A job designated to process "behind the scenes", while allowing the user to continue working without interruption.

Branching

Jumping from one spot to another; usually based on the test of a condition. In input templates, branching allows you to determine which questions will be asked based on current values.

Caret

The ^ symbol on your keyboard. Also known as the up-arrow symbol.

Case Manager

HBHC provider who is assigned responsibility for coordinating a specific patient and caregiver's care.

D/C

Discharge.

Database

An organized collection of data.

Default

The most probable answer to the field prompt. The value that appears between the field prompt and two slash marks (/). With the cursor resting next to the field prompt, you can either accept the default answer or enter your own answer. To accept the default, simply press the enter (or return) key. To change the default answer, type in your response.

Device Prompt

A prompt at which you identify where you want to send your report output.

DHCP

Decentralized Hospital Computer Program, as used by the Veterans Administration.

Domain

Within the VA Network, an address where you may send your electronic mail messages.

Double Quote	The " symbol. Enclose patient name with double quotes to inform FileMan you wish to create an additional record with the same name as an existing record in the file. (e.g., "lastname,firstname"). This method is used to create additional episode of care records for a patient in the HBHC Patient file.
Enter	Pressing the return key tells the computer either to execute your instruction or command OR tells the computer to store the information that you entered.
Episode of Care	An admission to the HBHC Program begins an episode of care. The episode ends when the patient is discharged from the Program. A complete episode of care must include an admission and a discharge.
Exit Action	Computer processing which occurs whenever a user exits from an option containing an exit action. This processing takes place prior to returning to the menu.
Field	In the computing environment, a field is similar to the blank space on a form. Field refers to one element of information (e.g., patient name).
Field Prompt	An online instruction that identifies the type of information you need to enter.
File	A collection of related records treated as a unit.
Form 3	Evaluation/Admission data entry form.
Form 4	Visit Log data entry form.
Form 5	Discharge data entry form.
Form 6	Correction data entry form.
Free Text	A data type that can contain any printable characters.

Glossary

HBHC	Hospital Based Home Care.
HBHC Information System	HBHC software package.
HBHC Provider file	File number 631.4, contains unique HBHC information pertaining to HBHC providers.
Help	Assistance information which is available online. Enter 1 or more question marks at any field prompt to obtain help explaining what answer(s) the field prompt will accept.
IRM	Information Resources Management.
ISC	Information Systems Center. In each region of the country, an organization charged with taking the lead in developing, testing, verifying, and supporting specific DHCP applications.
Jump	Command that allows you to go from a particular field within a data entry option to another field within that same option.
Key	Special control that allows you to unlock and use options governing sensitive activities and information.
LAYGO	Learn As You GO, allowing additions to a file.
Lookup	To find an entry in a file using a value for one of its fields.
Mail Group	A name assigned to a group of computer users. When you send a message to the group, each member of the mail group receives the message.
MAS	Medical Administration Service.
Menu	A list of options from which you can select an activity.
Online	A device is online when it has an active connection to the computer.

Online Help	Assistance information which is available on your computer screen. Enter 1 or more question marks at any field prompt to obtain help explaining what answer(s) the field prompt will accept.
Option	A computing activity that you can select from a menu.
Package	The set of programs, files, documentation, online help, and installation procedures that constitute a given software application.
Populate	To fill in a file with data.
Program	A list of instructions written in a programming language and used for computer operations.
Prompt	A question or message from the computer requiring your response.
Queued	A job that is sent for processing as a background job.
Record	A collection of data items that refer to a specific entity (e.g., patient name, social security number, date of birth, all referring to the same patient).
Required Field	A mandatory field, one that must not remain blank.
Return	On the computer keyboard, the key located where the carriage return is on a typewriter. Symbolized by <RET>.
Scroll	Keyboard button that allows you to "stop" or "hold" the terminal screen whenever the computer displays data faster than you can read it.
Security Key	Special control that allows you to unlock and use options governing sensitive activities and information.

Glossary (continued)

Software Package	The set of programs that comprise the HBHC computer application.
Spacebar Recall	In VA FileMan, press the spacebar key, then the return key to recall your most current response to a prompt.
Subtype	Printer default characteristics information (e.g., column format, page length, etc.).
Team	An interdisciplinary group of staff who care for a specific group of HBHC patients. Some HBHCs are composed of only one team; some have two teams, others three or more.
Up Arrow	The ^ character; used in FileMan for exiting an option or cancelling a response. Also used in combination with a field name or prompt to jump to the specified field or prompt.

Appendix: Sample Sessions

The following pages contain all sample session pages included throughout the user manual. A few minor changes have been made to make the examples more generic (e.g., specific dates for report date ranges now say "date"). This "how-to" appendix can be copied and distributed to users.

Make Appointment Option Sample Session

Select HBHC Information System Menu Option: **Make Appointment**

```
Select CLINIC:  HBHC clinic
Select PATIENT NAME:  patient name
APPOINTMENT TYPE: REGULAR//  <RET>
DISPLAY PENDING APPOINTMENTS: NO//  <RET>
      PATIENT NOT ENROLLED IN CLINIC!
      WANT TO ENROLL HER IN HBHC SOCIAL WORK?  <RET>
WANT TO SCHEDULE PATIENT FOR CONSULT?  Y  (YES)
DISPLAY CLINIC AVAILABILITY STARTING WHEN:  <RET>
15 MINUTE APPOINTMENTS
DATE/TIME:  date/time
WANT PATIENT NOTIFIED OF LAB,X-RAY, OR EKG STOPS? NO//  <RET>
  OTHER INFO:  <RET>
```

Select CLINIC: <RET>

Adding entries to the visit file...
...SORRY, JUST A MOMENT PLEASE...

The "Adding entries" and "SORRY," messages above are displayed while the software package is updating the visit file. The time needed to update the visit file varies with the amount of data being processed. Please be patient, this may take a few moments.

Cancel Appointment Option Sample Session

```
Select HBHC Information System Menu Option:  Cancel Appointment

Select PATIENT NAME:  patient name

DO YOU WANT TO CANCEL (P)AST OR (F)UTURE APPOINTMENTS? F//  P

APPOINTMENTS CANCELLED BY (P)ATIENT OR BY (C)LINIC? P//  <RET>
Select CANCELLATION REASONS NAME:  <RET>
CANCELLATION REMARKS:  <RET>

READY TO CANCEL PREVIOUS APPTS

DISPLAY APPTS STARTING WITH DATE: FIRST//  date

(1) JAN 15, 1993 10:00 AM (15 MINUTES)  HBHC SOCIAL WORK

SELECT APPOINTMENTS TO BE CANCELLED:  1
1 Appointment cancelled

DO YOU WISH TO REBOOK ANY APPOINTMENT(S) THAT YOU HAVE CANCELLED? NO//  <RET>
(NO)

DO YOU WISH TO PRINT LETTERS FOR THE CANCELLED APPOINTMENT(S)? NO//  <RET>
Select PATIENT NAME:  <RET>

Updating entries in the visit file...
...HMMM, LET ME PUT YOU ON "HOLD" FOR A SECOND...
```

The "Updating entries" and "HMMM," messages above are displayed while the software package is updating the visit file. The time needed to update the visit file varies with the amount of data being processed. Please be patient, this may take a few moments.

Evaluation/Admission Data Entry Option Sample SessionSelect HBHC Information System Menu Option: **Evaluation/Admission Data Entry**

Step Step	Prompt:	If User Answers With...	Proceed to
1	Select PATIENT NAME:	- "new" HBHC patient name	2
		- "new" last 4 digits of patient SSN	2
		- "new" first character of patient last name and last 4 digits of patient SSN	2
		- "current" HBHC patient name	4
		- "current" last 4 digits of patient SSN	4
		- "current" first character of patient last name and last 4 digits of patient SSN	4
		- ^ OR <RET>	Done

Note: Eventually, after the software package has been used for a while, the need to add additional episode of care records for a patient will arise. To create another episode of care requires using the FileMan convention of enclosing the patient's name in double quotes at the Select PATIENT NAME: prompt (e.g., "lastname,firstname"). The double quotes inform FileMan that you wish to create another record in the HBHC Patient file for the same patient.

2	ARE YOU ADDING "PATIENT,BRAND NEW", AS A NEW HBHC PATIENT (THE nnTH)?	
	- Y(es)	3
	- N(o)	1
	- ^ OR <RET>	1

3	HBHC PATIENT EVALUATION DATE:	
	- any valid date between 1/1/1977 and 12/31/1999	4

Evaluation Date must be prior to or same as HBHC Admission Date.

4	*** Record contains Discharge data indicating a Complete Episode of Care ***	
---	---	--

This message is displayed if Discharge data has been entered for this episode of care. The message is a reminder the record is considered to be complete and may have been selected in error. This record should only be edited if correction of existing data is needed. Selection of this record is inappropriate if the user's intention is to create an additional episode of care. The user proceeds to step 5 or

step 6, based on whether the record has been transmitted.

Evaluation/Admission Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to
=====			
5	Transmit Status Flag must be reset before editing this record is allowed. Do you wish to reset the Flag? NO//		
		- Y(es)	6
		- N(o)	1
		- ^ OR <RET>	1

This message is displayed if the record has been transmitted to Austin. Resetting the flag allows the user to edit any data in the record. Answering "Yes" to the "Do you wish to reset the Flag?" prompt automatically generates a Form 6 Correction record to be included in the next transmission to Austin, and resets the Transmit Status Flag to "Needs to be Transmitted" status. In short, answering "Yes" tells Austin, delete this previously transmitted record, I'm sending a corrected replacement.

6	EVALUATION DATE:	- <RET> (accept default from Step 3)	7
		- any valid date between 1/1/1977 and 12/31/1999	7

Evaluation Date must be prior to or same as HBHC Admission Date.

7	STATE CODE: ARKANSAS//	- <RET> (accept default)	8
		- any valid 2 digit numeric state code, or state name, in State file	8

Field default value pulled from MAS Patient file data.

8	COUNTY CODE: PULASKI (119)//		
		- <RET> (accept default)	9
		- any valid 3 digit numeric county code, or county name, in State file	9

Field default value pulled from MAS Patient file data.

9	ZIP CODE: 72203//	- <RET> (accept default)	10
		- 5 digit numeric ZIP cod	10

Field default value pulled from MAS Patient file data.

10	ELIGIBILITY @ EVALUATION: Other Non-Service Connected (05)//		
		- <RET> (accept default)	11
		- 2 digit numeric code, valid entries:	

Field default value pulled from MAS Patient file data.

Evaluation/Admission Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
11	BIRTH YEAR: 25 *** Contact MAS if value is incorrect. ***		
	Field data is display only. MAS must be contacted if value is incorrect.		12
12	PERIOD OF SERVICE: World War II (02)// - <RET> (accept default) - 2 digit code, valid entries: 00 thru 05, 07 thru 10 and X		13
	Field default value pulled from MAS Patient file data.		13
13	SEX: Male (1) *** Contact MAS if value is incorrect. ***		
	Field data is display only. MAS must be contacted if value is incorrect.		14
14	RACE: White (1) *** Contact MAS if value is incorrect. ***		
	Field data is display only. MAS must be contacted if value is incorrect.		15
15	MARITAL STATUS @ EVALUATION: Married (1)// - <RET> (accept default) - 1 digit numeric code, valid entries: 1 thru 5, and 9		16
	Field default value pulled from MAS Patient file data.		16
16	LIVING ARRANGEMENTS @ EVAL: - 1 digit numeric code, valid entries: 1 thru 5, and 9		17
17	LAST AGENCY PROVIDING CARE: - 1 digit numeric code, valid entries: 1 thru 3		18
18	TYPE OF LAST CARE AGENCY: - 1 digit numeric code, valid entries: 1 thru 7, and 9		19
19	ADMIT/REJECT ACTION: - 1 (Admit to HBHC) - 2 (Reject from HBHC)		22 20
20	REJECT/WITHDRAW REASON:		

- 2 digit numeric code, valid entries:
01 thru 08, 10, and 11

21

Evaluation/Admission Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
21	REJECT/WITHDRAW DISPOSITION:	- 1 digit numeric code, valid entries: 1 and 2	43
22	ADMISSION DATE:	- any valid date between 1/1/1977 and 12/31/1999	23
Admission Date must follow or be same as HBHC Evaluation Date, and also prior to or same as HBHC Discharge Date.			
23	PRIMARY DIAGNOSIS @ ADMISSION:	- any valid ICD9 diagnosis code in ICD Diagnosis file	24
User may enter partial diagnosis description, diagnosis category (e.g., dementia), or ICD9 code to obtain list of selectable diagnostic codes.			
24	SECONDARY DIAGNOSES @ ADM:	- 1-30 free text characters	25
Field is not transmitted to Austin.			
25	VISION @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 4, and 9	26
26	HEARING @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 4, and 9	27
27	EXPRESSIVE COMMUNICATION @ ADM:	- 1 digit numeric code, valid entries: 1 thru 5, and 9	28
28	RECEPTIVE COMMUNICATION @ ADM:	- 1 digit numeric code, valid entries: 1 thru 5, and 9	29
29	BATHING @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	30
30	DRESSING @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	31

31 TOILET USAGE @ ADMISSION:- 1 digit numeric code, valid entries:
1 thru 3, and 9

32

Evaluation/Admission Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
32	TRANSFERRING @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	33
33	EATING @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	34
34	WALKING @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	35
35	BOWEL CONTINENCE @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	36
36	BLADDER CONTINENCE @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 3, and 9	37
37	MOBILITY @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 4, and 9	38
38	ADAPTIVE TASKS @ ADMISSION:	- 1 digit numeric code, valid entries: 1, 2, and 9	39
39	BEHAVIOR PROBLEMS @ ADMISSION:	- 1 digit numeric code, valid entries: 1, 2, and 9	40
40	DISORIENTATION @ ADMISSION:	- 1 digit numeric code, valid entries: 1, 2, and 9	41
41	MOOD DISTURBANCE @ ADMISSION:	- 1 digit numeric code, valid entries: 1, 2, and 9	42
42	CAREGIVER LIMITATIONS @ ADMISSION:	- 1 digit numeric code, valid entries: 1 thru 4, and 9	43

Evaluation/Admission Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
=====			
43	PERSON COMPLETING EVAL/ADM FORM:	- any provider in HBHC Provider file	44
User may enter provider name, or provider number. Field is not transmitted to Austin.			

44	DATE EVAL/ADM FORM COMPLETED:	- any valid date	45
Field is not transmitted to Austin.			

45	CASE MANAGER:	- any provider in HBHC Provider file	1
User may enter provider name, or provider number. Field is not transmitted to Austin.			

Visit Data Entry Option Sample Session

Select HBHC Information System Menu Option: **Visit Data Entry**

Step	Prompt:	If User Answers With...	Proceed to Step
=====			
1	Select HBHC VISIT PATIENT NAME:		
		- HBHC patient name	2
		- last 4 digits of patient SSN	2
		- first character of patient last name and last 4 digits of patient SSN	2
		- ^ OR <RET>	Done

2	A list of visit dates is displayed for user selection of the visit to be edited, once patient has more than 1 visit on file		3

The "Number of Visit Days to Scan" system parameter controls the date range of visits displayed for selection. This parameter may be changed as needed (valid values are thru 365) by the Application Coordinator, using the System Parameters Edit option located on the Manager Menu.

3	Transmit Status Flag must be reset before editing this record is allowed. Do you wish to reset the Flag? NO//		
		- Y(es)	4
		- N(o)	1
		- ^ OR <RET>	1

This message is displayed if the visit record has been transmitted to Austin. Resetting the flag allows the user to edit the data in the record. Answering "Yes" to the "Do you wish to reset the Flag?" prompt does not generate a Form 6 Correction record for visits. Currently no mechanism exists for correcting visit data at Austin. The Transmit Status Flag is reset to "Needs to be Transmitted" status and the corrected record will be included in the next transmission to Austin. Care should be taken in answering "Yes", since a duplicate visit record will be transmitted to Austin.

4	PROVIDER:	- any provider in HBHC Provider file	5
---	-----------	--------------------------------------	---

User may enter provider name, or provider number.

Note: The FileMan spacebar recall feature is useful if multiple visits for the same provider are being entered. The system does not have to perform an HBHC Provider file lookup when spacebar recall is used. This saves the user time as well as being more system efficient.

Visit Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
5	TYPE OF VISIT:	- 1 digit numeric code, valid entries: 1 thru 7	6
6	QA INDICATOR:	- 1-2 characters in length.	7
Refer to directions from the Office of Geriatrics & Extended Care (for a current list of acceptable responses).			
7	COMMENTS:	- 1-30 free text characters	1
Field is not transmitted to Austin.			

Discharge Data Entry Option Sample Session

Select HBHC Information System Menu Option: **Discharge Data Entry**

Step	Prompt:	If User Answers With...	Proceed to Step
1	Select PATIENT NAME:	- HBHC patient name - last 4 digits of patient SSN - first character of patient last name and last 4 digits of patient SSN - ^ OR <RET>	2 2 2 2 Done

2 Record indicates patient has not been admitted to HBHC. Discharge not allowed without admission. 1

This message is displayed if Discharge is attempted without a corresponding Admission. User proceeds to step 3 in all other cases.

3	Transmit Status Flag must be reset before editing this record is allowed. Do you wish to reset the Flag? NO//	- Y(es) - N(o) - ^ OR <RET>	4 1 1
---	--	-----------------------------------	-------------

This message is displayed if the discharge record has been transmitted to Austin. Resetting the flag allows the user to edit any data in the record. Answering "Yes" to the "Do you wish to reset the Flag?" prompt automatically generates a Form 6 Correction record for both the Discharge record and for the corresponding Admission record. Both segments of the record are considered to comprise one episode of care and exist at Austin as one data record. The Form 6 Correction records will automatically be included in the next transmission to Austin. The Transmit Status Flag will be reset to "Needs to be Transmitted" status for both the Admission and Discharge. In short, answering "Yes" tells Austin, delete the previously transmitted record segments, I'm sending replacements.

4	DISCHARGE DATE:	- any valid date between 1/1/1977 and 12/31/1999	5
---	-----------------	--	---

Discharge Date must follow or be same as HBHC Admission Date.

5	ELIGIBILITY @ DISCHARGE: Other Non-Service Connected (05)//	- <RET> (accept default) - 2 digit numeric code, valid entries: 01 thru 05	6 6
---	---	--	--------

Field value default pulled from HBHC Patient file admission data.**Discharge Data Entry Option Sample Session (continued)**

Step	Prompt:	If User Answers With...	Proceed to Step
6	MARITAL STATUS @ DISCHARGE:	Married (1)//	
		- <RET> (accept default)	7
		- 1 digit numeric code, valid entries: 1 thru 5, and 9	7
Field default value pulled from HBHC Patient file admission data.			
7	LIVING ARRANGEMENTS @ D/C:	With Spouse (2)//	
		- <RET> (accept default)	8
		- 1 digit numeric code, valid entries: 1 thru 5, and 9	8
Field default value pulled from HBHC Patient file admission data.			
8	DISCHARGE STATUS:	- 1 or 2	9
		- 3, 5, or 9	12
		- 4	11
9	TRANSFER DESTINATION:	- 1 digit numeric code, valid entries: 1 thru 3	10
10	TYPE OF DESTINATION AGENCY:	- 1 digit numeric code, valid entries: 1 thru 6, and 9	12
11	CAUSE OF DEATH:	- 1-30 free text characters	32
Field is not transmitted to Austin.			
12	PRIMARY DIAGNOSIS @ DISCHARGE:	250.60 DIABETES W NEUROLOGIC MANIF II//	
		- <RET> (accept default)	13
		- any valid ICD9 diagnosis code in ICD Diagnosis file	13

User may enter partial diagnosis description, diagnosis category (e.g., diabetes), or ICD9 code to obtain list of selectable diagnostic codes.

Field default value pulled from HBHC Patient file admission data.

13 SECONDARY DIAGNOSES @ D/C:

- 1-30 free text characters

14

Field is not transmitted to Austin.

Discharge Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
=====			
14	VISION @ DISCHARGE: Normal or Minimal Loss (1)//	- <RET> (accept default)	15
	- 1 digit numeric code, valid entries:	1 thru 4, and 9	15
Field default value pulled from HBHC Patient file admission data.			

15	HEARING @ DISCHARGE: Moderate Loss (2)//	- <RET> (accept default)	16
	- 1 digit numeric code, valid entries:	1 thru 4, and 9	16
Field default value pulled from HBHC Patient file admission data.			

16	EXPRESSIVE COMMUNICATION @ D/C: Speaks and is Usually Understood (1)//	- <RET> (accept default)	17
	- 1 digit numeric code, valid entries:	1 thru 5, and 9	17
Field default value pulled from HBHC Patient file admission data.			

17	RECEPTIVE COMMUNICATION @ D/C: Has Limited Comprehension of Oral Communication (2)	- <RET> (accept default)	18
	- 1 digit numeric code, valid entries:	1 thru 5, and 9	18
Field default value pulled from HBHC Patient file admission data.			

18	BATHING @ DISCHARGE: No Help (1)//	- <RET> (accept default)	19
	- 1 digit numeric code, valid entries:	1 thru 3, and 9	19
Field default value pulled from HBHC Patient file admission data.			

19	DRESSING @ DISCHARGE: Receives Help (2)//	- <RET> (accept default)	20
	- 1 digit numeric code, valid entries:	1 thru 3, and 9	20
Field default value pulled from HBHC Patient file admission data.			

Discharge Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
------	---------	-------------------------	-----------------

20	TOILET USAGE @ DISCHARGE:	No Help (1)//	
	- <RET> (accept default)		21
	- 1 digit numeric code, valid entries:		
	1 thru 3, and 9		21

Field default value pulled from HBHC Patient file admission data.

21	TRANSFERRING @ DISCHARGE:	Receives Help (2)//	
	- <RET> (accept default)		22
	- 1 digit numeric code, valid entries:		
	1 thru 3, and 9		22

Field default value pulled from HBHC Patient file admission data.

22	EATING @ DISCHARGE:	No Help (1)//	
	- <RET> (accept default)		23
	- 1 digit numeric code, valid entries:		
	1 thru 3, and 9		23

Field default value pulled from HBHC Patient file admission data.

23	WALKING @ DISCHARGE:	Receives Help (2)//	
	- <RET> (accept default)		24
	- 1 digit numeric code, valid entries:		
	1 thru 3, and 9		24

Field default value pulled from HBHC Patient file admission data.

24	BOWEL CONTINENCE @ DISCHARGE:	Continent or Ostomy/Catheter Self Care (1)//	
	- <RET> (accept default)		25
	- 1 digit numeric code, valid entries:		
	1 thru 3, and 9		25

Field default value pulled from HBHC Patient file admission data.

25	BLADDER CONTINENCE @ DISCHARGE:	Incontinent Occasionally (2)//	
	- <RET> (accept default)		26
	- 1 digit numeric code, valid entries:		
	1 thru 3, and 9		26

Field default value pulled from HBHC Patient file admission data.

Discharge Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
------	---------	-------------------------	-----------------

26	MOBILITY @ DISCHARGE:	Goes Outdoors Without Help (1)//	
	- <RET> (accept default)		27
	- 1 digit numeric code, valid entries:		
	1 thru 4, and 9		27

Field default value pulled from HBHC Patient file admission data.

27	ADAPTIVE TASKS @ DISCHARGE:	Requires Help (2)//	
	- <RET> (accept default)		28
	- 1 digit numeric code, valid entries:		
	1, 2, and 9		28

Field default value pulled from HBHC Patient file admission data.

28	BEHAVIOR PROBLEMS @ DISCHARGE:	Does Not Exhibit This Characteristic (1)//	
	- <RET> (accept default)		29
	- 1 digit numeric code, valid entries:		
	1, 2, and 9		29

Field default value pulled from HBHC Patient file admission data.

29	DISORIENTATION @ DISCHARGE:	Exhibits This Characteristic (2)//	
	- <RET> (accept default)		30
	- 1 digit numeric code, valid entries:		
	1, 2, and 9		30

Field default value pulled from HBHC Patient file admission data.

30	MOOD DISTURBANCE @ DISCHARGE:	Does Not Exhibit This Characteristic (1)//	
	- <RET> (accept default)		31
	- 1 digit numeric code, valid entries:		
	1, 2, and 9		31

Field default value pulled from HBHC Patient file admission data.

31	CAREGIVER LIMITATIONS @ DISCHARGE:	Moderate (2)//	
	- <RET> (accept default)		32
	- 1 digit numeric code, valid entries:		
	1 thru 4, and 9		32

Field default value pulled from HBHC Patient file admission data.

Discharge Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
------	---------	-------------------------	-----------------

=====

32 PERSON COMPLETING D/C FORM:

- any provider in HBHC Provider file	33
--------------------------------------	----

User may enter provider name, or provider number. Field is not transmitted to Austin.

33 DATE DISCHARGE FORM COMPLETED:

- any valid date	1
------------------	---

Field is not transmitted to Austin.

Evaluation/Admission Data Report by Patient Option Sample Session

Select Reports Menu Option: **Evaluation/Admission Data Report by Patient** (80)

Select HBHC PATIENT NAME: **patient name**

DEVICE: HOME// **Printer name** or <RET>

Patient Visit Data Report Option Sample Session

Select Reports Menu Option: **Patient Visit Data Report** (80)

Select HBHC PATIENT NAME: **patient name**

Beginning Report Date: **date**

Ending Report Date: **date**

DEVICE: HOME// **Printer name** or <RET>

Discharge Data Report by Patient Option Sample Session

Select Reports Menu Option: **Discharge Data Report by Patient (80)**

Select HBHC PATIENT NAME: **patient name**

DEVICE: HOME// **Printer name** or <RET>

Episode of Care/Length of Stay Report Option Sample Session

Select Reports Menu Option: **Episode of Care/Length of Stay Report** (80)

Beginning Report Date: **date**

Ending Report Date: **date**

DEVICE: HOME// **Printer name** or <RET>

Program Census Report Option Sample Session

Select Reports Menu Option: **Program Census Report** (80)

Beginning Report Date: **date**

Ending Report Date: **date**

DEVICE: HOME// **Printer name** or <RET>

Team Census Report Option Sample Session

Select Reports Menu Option: **Team Census Report** (80)

Beginning Report Date: **date**

Ending Report Date: **date**

DEVICE: HOME// **Printer name** or <RET>

Case Manager Census Report Option Sample Session

Select Reports Menu Option: **Case Manager Census Report (132)**

Do you wish to include ALL case managers on the report? YES// **Yes**

(next prompt appears only if "No" answered above)

Select HBHC Case Manager: **provider number or name**

Beginning Report Date: **date**

Ending Report Date: **date**

DEVICE: HOME// **Printer name** or <RET>

Provider Census Report Option Sample Session

Select Reports Menu Option: **Provider Census Report (132)**

Do you wish to include ALL providers on the report? YES// **Yes**

(next prompt appears only if "No" answered above)

Select HBHC Provider: **provider number or name**

Beginning Report Date: **date**

Ending Report Date: **date**

DEVICE: HOME// **Printer name** or <RET>

Admissions/Discharges by Date Range Report Option Sample Session

Select Reports Menu Option: **Admissions/Discharges by Date Range Report** (132)

Select Admissions or Discharges: (A/D): **Admissions**
or

Select Admissions or Discharges: (A/D): **Discharges**

Beginning Report Date: **date**

Ending Report Date: **date**

DEVICE: HOME// **Printer name** or <RET>

Visit Data by Date Range Report Option Sample Session

Select Reports Menu Option: **Visit Data by Date Range Report (80)**

Beginning Report Date: **date**

Ending Report Date: **date**

DEVICE: HOME// **Printer name** or <RET>

QA Indicator Report Option Sample Session

Select Reports Menu Option: **QA Indicator Report** (80)

Beginning Report Date: **date**

Ending Report Date: **date**

DEVICE: HOME// **Printer Name** or <RET>

Build/Verify Transmission File Option Sample Session

Select Transmission Menu Option: **Build/Verify Transmission File**

one of the following prompts/messages will appear:

1. This option builds the file for transmission to Austin. Do you wish to continue? NO// **YES** (YES)

a. YES response

The following message is displayed while processing takes place:

```
Building transmission file...  
...HMMM, HOLD ON...
```

Note: The time this option takes varies depending on the amount of data processed. Please be patient.

b. NO response

If "NO" or <RET> is entered at the "Do you wish to continue? NO//" prompt, the user returns to the Transmission Menu. No file processing occurs.

OR

2. Records containing errors exist and must be corrected before transmit file can be created or updated.

The above message indicates all errors previously detected by this option must be corrected before the user can proceed. Use the Form Errors Report, and Edit Form Errors Data options to correct the errors.

Form Errors Report Option Sample Session

Select Transmission Menu Option: **Form Errors Report** (80)
DEVICE: HOME// **Printer name** or <RET>

Edit Form Errors Data Option Sample Session

Select Transmission Menu Option: **Edit Form Errors Data**

Select PATIENT NAME: **patient name**

=== Editing 12-08-92 Evaluation/Admission Data ===

BATHING @ ADMISSION: **1** No Help (1)

MOBILITY @ ADMISSION: **1** Goes Outdoors Without Help (1)

=== Editing 01-12-93 Discharge Data ===

LIVING ARRANGEMENTS @ D/C: **2** With Spouse (2)

Select PATIENT NAME: **<RET>**

Transmit File to Austin Option Sample Session

Select Transmission Menu Option: **Transmit File to Austin**

One of the following messages will appear:

1. Transmission request has been queued.

This message indicates that all records are correct and complete and a background job to transmit the file to Austin has been initiated by the software package.

OR

2. Records containing errors exist and must be corrected before file can be transmitted.

The above message indicates all errors previously detected by the Build/Verify Transmission File option must be corrected before the user can proceed. Use the Form Errors Report, and Edit Form Errors Data options to correct the errors.

System Parameters Edit Option Sample Session

Select Manager Menu Option: **System Parameters Edit**

Number of Visit Days to Scan: 30// **enter number between 7 and 365**

Provider File Data Entry Option Sample SessionSelect HBHC Manager Menu Option: **Provider File Data Entry**

Step Step	Prompt:	If User Answers With...	Proceed to
=====			
1	Select HBHC PROVIDER NUMBER:		
		- "new" HBHC provider number	2
		- "current" HBHC provider number	3
		- "current" HBHC provider name	3
		- ^ or <RET>	Done

This field represents a unique 3 digit HBHC provider number which is assigned to each person whose FTEE is charged to HBHC. The 3 digit number must be between 100 and 299, and should be constructed as follows:

- first digit contains 1 for nonstudents, 2 for students
- second digit contains 0 thru 8 indicating discipline as follows:
 - 0 RN
 - 1 LPN, LVN, Home Health Aide or Tech, Nursing Assistant
 - 2 Social Worker
 - 3 OT, PT, CT, Rehabilitation Therapist
 - 4 Dietitian, Nutritionist
 - 5 Physician
 - 6 Nurse Practitioner
 - 7 Clinical Pharmacist
 - 8 Other
- third digit contains 0 thru 9 indicating individual provider as follows:
 - 0 first staff member in discipline
 - 1 second staff member in discipline
 - 2 third staff member in discipline, etc.

All students in a particular discipline should share the same HBHC provider number (e.g., all RN students would be 200). New provider numbers are issued only when FTEE is increased. Provider number "190" can be used as a "catch-all" category if the need arises.

=====			
2	ARE YOU ADDING "289", AS A NEW HBHC PROVIDER (THE nnTH)?		
		- Y(es)	3
		- N(o)	1
		- ^ or <RET>	1
=====			
3	PROVIDER NAME:	- any valid provider in New Person file	4
=====			
4	DEGREE:	- 1-15 free text characters	5

Provider File Data Entry Option Sample Session (continued)

Step	Prompt:	If User Answers With...	Proceed to Step
5	GRADE/STEP:	- 1-2 numerics, 1 "/", and 1-2 numerics - 1-3 alphabetic characters, 1 "/", and 1-2 numerics	6 6
Field must be in 99/99 or xxx/99 format (e.g., 11/4 for grade 11, step 4, or SR/11 for Senior grade, step 11).			
6	FTEE ON HBHC:	- number between 0 and 1, 2 decimal digits	7
Field examples: 1, .5, or .25.			
7	HBHC TEAM:	- any valid field in HBHC Team File	1

Clinic File Data Entry Option Sample Session

Select HBHC Manager Menu Option: **Clinic File Data Entry**

Step	Prompt:	If User Answers With...	Proceed to Step
=====			
1	Select HBHC CLINIC NAME:		
		- "new" HBHC clinic name	2
		- "current" HBHC clinic name	3
		- ^ or <RET>	Done

2	ARE YOU ADDING "HBHC NURSING CLINIC", AS A NEW HBHC CLINIC (THE nnTH)?		
		- Y(es)	3
		- N(o)	1
		- ^ OR <RET>	1

3	NAME:	- any valid clinic in Hospital Location file	1

Team File Data Entry Option Sample Session

Select HBHC Manager Menu Option: **Team File Data Entry**

Step	Prompt:	If User Answers With...	Proceed to Step
=====			
1	Select HBHC TEAM NAME:	- "new" HBHC team name	2
		- "current" HBHC team name	3
		- ^ or <RET>	Done

2	ARE YOU ADDING "Team Name", AS A NEW HBHC TEAM (THE nnTH)?	- Y(es)	3
		- N(o)	1
		- ^ or <RET>	1

3	NAME:	- 1-30 free text characters	1

HBHC Provider File Report Option Sample Session

Select Manager Menu Option: **HBHC Provider File Report (132)**
DEVICE: HOME// **Printer name** or **<RET>**

Re-Transmit File to Austin Option Sample Session

Select Manager Menu Option: **Re-Transmit File to Austin**

The following message(s) will appear:

- This option re-transmits the same data included in the last file created for transmission to Austin. It should only be run under special circumstances and should be coordinated with Austin. Do you wish to continue? NO//

Answering "No" or <RET> to this message returns the user to the Manager Menu with no transmission occurring.

If the user answers "Yes" to the "Do you wish to continue?" prompt, the following message indicates a background job has been initiated to re-transmit the file to Austin.

- Re-transmission request has been queued.

Department of Veterans Affairs
Decentralized Hospital Computer Program

HOSPITAL BASED HOME CARE USER MANUAL

Version 1.0

November 1993

Hines Information Systems Center
Chicago, Illinois

Preface

The Hospital Based Home Care (HBHC) software package is a Decentralized Hospital Computer Program (DHCP) software application developed for use by the HBHC Program at the Department of Veterans Affairs medical centers. The software package includes data collection, electronic record transmission to Austin, and report generation capabilities.

This user manual is designed for use by the HBHC software package user. It provides step-by-step data entry instructions, information on transmitting data to Austin, and examples of all software package reports. All information necessary to use the HBHC software package is included.

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